

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

**SMILES OF CARPENTERSVILLE
27 S WESTERN AVE, SUITE E
CARPENTERSVILLE, IL 60110**

Acknowledgement

I, _____, hereby acknowledge that I have received and reviewed a copy of SMILES OF CARPENTERSVILLE's *HIPAA Notice of Privacy Practices*.

I understand that SMILES OF CARPENTERSVILLE's *HIPAA Notice of Privacy Practices* may change periodically and that I am entitled to receive a copy of SMILES OF CARPENTERSVILLE's revised *HIPAA Notice of Privacy Practices* upon request.

I understand that, if I have questions about SMILES OF CARPENTERSVILLE's *HIPAA Notice of Privacy Practices*, I may contact them at 27 S WESTERN AVE, SUITE E, CARPENTERSVILLE, IL 60110, Ph: 847-907-0585.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that SMILES OF CARPENTERSVILLE will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the Secretary of the U.S. Department of Health and Human Services should I have concerns regarding SMILES OF CARPENTERSVILLE's privacy policies and procedures. For information on how to contact the U.S. Department of Health and Human Services, please ask for assistance.

Patient Signature	Date
Signature of Personal Representative	Print Name of Personal Representative
	Relationship of Personal Representative to Patient

FOR OFFICE USE ONLY

SMILES OF CARPENTERSVILLE made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its *HIPAA Notice of Privacy Practices*. In spite of these efforts, SMILES OF CARPENTERSVILLE was unable to obtain a signed Acknowledgement for the following reason(s):

- Refusal to sign Acknowledgement on _____, 20____.
- Communications barriers prohibited us from obtaining a signed Acknowledgement.
- An emergency situation prohibited us from obtaining a signed Acknowledgement.
- Other (Describe): _____

Date Received	By	Patient ID
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