

Island Ohana Dental
519 East Lanikaula Street
Hilo, Hawaii 96720

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of the
(name of patient)
Notice of Privacy Practices from Island Ohana Dental.

Date _____

Print Your Name _____

Your Signature _____

For patients who are under the age of 18, a signature of acknowledgement is required from a parent or legal guardian.

I, _____, acknowledge receipt of a copy of the
(name of parent or legal guardian)
Notice of Privacy Practices from Island Ohana Dental, for my minor child, _____
(name of minor child)

I, _____, acknowledge receipt of a copy of the
(name of parent or legal guardian)
Notice of Privacy Practices from Island Ohana Dental, for other minor children in my family as listed below.

Date _____

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barrier prevented us from obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____

Privacy Officer Signature _____

Date _____