**SMILES ON THE BOULEVARD**

Notice of HIPAA Privacy Practices

Dr. Lori A. Hawkins

609 Washington Boulevard

Belpre, Oh 45714

I understand that as part of my health care, Smiles on the Boulevard originates and maintains dental health records describing my dental history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that Smiles on the Boulevard HIPAA Privacy Practices provides a complete description of the uses and disclosures of my health information. I understand that:

* I have the right to review Smiles on the Boulevard HIPAA Privacy Practices prior to signing this acknowledgement
* That Smiles on the Boulevard reserves the right to change their HIPAA Privacy Practices and prior to implementation of this will mail a copy of any revised notice to the address I have provided if requested

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_ Communications barriers prohibited obtaining acknowledgement

\_\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_\_ Other (Please specify)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_