



**Acknowledgement of Receipt of
Notice Of Privacy Practices**

I, acknowledge and agree that I have received a copy of MANENTE NC, P.C.'s Notice of Privacy Practices under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Patient's Signature

Date

Patient's Name PRINTED

Parent/Legal Representative's Signature (if applicable)

Date

Parent/Legal Representative's Name PRINTED

Relationship to patient

A copy of this Acknowledgement will be kept in your dental record.

FOR OFFICE USE ONLY:

MANENTE NC, P.C. made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices, but was unsuccessful in obtaining the individual's acknowledgement:

[Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.]

MANENTE NC, P.C. Personnel's Signature

Date

MANENTE NC, P.C. Personnel's Name PRINTED