

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

La Mesa Pediatric Dentistry

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Purpose of This Form

Federal law requires that La Mesa Pediatric Dentistry provide you with our Notice of Privacy Practices (NPP) and that we make a good-faith effort to obtain your acknowledgment that you received it. Please review, complete, and sign below.

Patient Acknowledgment

I acknowledge that I have received, read, or been offered a copy of **La Mesa Pediatric Dentistry's Notice of Privacy Practices**, which explains how my health information may be used and disclosed, and how I may access my information.

I understand that:

- The Notice of Privacy Practices may change at any time.
- I may request a current copy at any visit or access it online.
- I may ask questions about my privacy rights at any time.

Patient Information

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Signature

Signature of Patient / Parent / Legal Guardian:

Printed Name of Signatory: _____

Relationship to Patient (if applicable):

Parent Legal Guardian Other: _____

Date: _____

If Patient Declines to Sign

(To be completed by La Mesa Pediatric Dentistry staff only.)

Patient was offered the Notice of Privacy Practices and declined to sign.

Reason (optional): _____

Staff Member Name: _____

Staff Signature: _____ **Date:** _____

For Practice Use Only (Optional Documentation)

Documentation of good-faith effort to obtain acknowledgment:

NPP provided to patient in person

Patient reviewed NPP on website

NPP emailed to patient

Other: _____