



8279 Route 22 Blvd Keystone Plaza, Ste 11 Center New Alexandria, PA 15670 15146 724-668-5091	1225 South Main Street Wellington Square, Ste 202A Greensburg, PA 15601 724-205-6907	2010 Route 30 East Freedom Dental Center Ligonier, PA 15658 724-205-6907	2545 Mosside Mosside Medical Monroeville, PA 412-229-8841
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Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge that this medical practice has given you a copy of its Notice of Privacy Practices. This notice explains how your health information will be handled. HIPAA, the federal law concerning medical privacy, requires this notice.

I have received a copy of the Notice of Privacy Practices. The medical practice has given me the opportunity to ask questions about this notice and all my questions have been answered.

X _____
Patient's Signature or Guardian

You may discuss my medical condition with the following individual(s):

Individual(s)

Date

Provider Use Only

If the patient was not able to sign due to an emergency, or did not want to sign, please document if the patient was given the notice and the reason the patient did not sign.

Patient was given notice: _____ Yes _____ No

Reason signature was not obtained: _____

Staff Signature

Date