SHEILA NAIK, DDS

Acknowledgement Of Receipt Of Privacy Practices:

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice Of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of same. You may refuse to sign this form.

By signing this form, I confirm that I have received a copy of the Notice Of Privacy Practices.

Print Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY:

If written acknowledgement was not obtained:

___ Patient refused to sign

___ Emergency situation prevented obtaining signature

___ Unable to communicate with patient

Notes: