

BEAUFORT CENTER FOR DENTISTRY

1264 Ribaut Road, Ste. 401, Beaufort, SC 29902

(843) 524-7950

Notice of Privacy Practices Acknowledgement

You may refuse to sign this.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in Beaufort Center for Dentistry's Notice of Privacy Practices. We are permitted to review our Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

By signing below, you are acknowledging that you understand and have reviewed a copy of Beaufort Center for Dentistry's Notice of Privacy Practices.

Patient or Guardian Printed Name

Date

Patient or Guardian Signature

Relationship to Patient

FOR OFFICE USE ONLY

An attempt to obtain written acknowledgement of Receipt of our Notice of Privacy Practices was attempted, however acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other. Please provide details below.
