

# HIPPA Acknowledgment



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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*You May Refuse to Sign this Acknowledgement\***

I, \_\_\_\_\_ have received a copy of this office's Notice of  
Responsible Party  
**Privacy Practices.**

\_\_\_\_\_  
Please Print Patient's Name

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY

**We attempted to obtain written acknowledgement of Receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because:**

- ( ) Individual refused to sign
- ( ) Communications barriers prohibited obtaining the acknowledgement
- ( ) An emergency situation prevented us from obtaining acknowledgement
- ( ) Other (*Please Specify*) \_\_\_\_\_

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