

Kelly Dental Arts, LLC  
277 White Horse Pike  
Suite 104  
Atco, NJ 08004

# KELLY

## Dental Arts

**277 White Horse Pike, Suite 104, Atco, NJ 08004 (856) 210-6008**

**ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY  
PRACTICE("Acknowledgement")**

I acknowledge that I have received or reviewed or received a copy of this Dental Practice's  
**HIPAA Notice of Privacy Practices.**

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent     Guardian     Power of Attorney     Other: \_\_\_\_\_

**Please Note: It is your right to refuse to sign this Acknowledgement.**

*Dental Office Use Only*

I tried to obtain written Acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement.
- A communication barrier prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- Other: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date