**HIPAA Notice of Privacy Practices Acknowledgement of Receipt**

# Smilez Pediatric Dental Group, 7521 Virginia Oaks Dr. Suite 210 Gainesville, VA 20155

If you have any questions, please contact our privacy officer: Lynn Boyd: 703-468-0700

I hereby acknowledge that I have read and received a copy of the attached dental practice’s **HIPAA Notice of Privacy Practices of Smilez Pediatric Dental Group.**

Signed: Date:

Print Name: Telephone:

If not signed by the patient, please indicate relationship:

* Parent or guardian of minor patient
* Guardian or conservator of an incompetent patient
* Beneficiary or personal representative of deceased patient

Name of Patient:

 Do not write below this line

**For Office Use Only:**

Signed form received by:

Acknowledgement refused:

Efforts to obtain:

Reason for refusal: