

**LOVE TO SMILE DENTISTRY**

10925 Antioch Rd, Suite 201, Overland Park, KS 66210 P: 913-491-1200

**ACKNOWLEDGMENT FORM**

\_\_\_\_\_  
Last Name First Name MI

Patient record#: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT  
OF NOTICE OF PRIVACY  
PRACTICES**

We at Love to Smile Dentistry are required by law to maintain the privacy of our patients and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number. If you would like a copy of the Notice, please ask.

By signing below, I am acknowledging that:

- I am either the patient or the patient's personal representative;
- I have received a copy of the "Notice of Privacy Practices" for Love to Smile Dentistry and have reviewed the HIPAA Notice of Privacy Practice document; and
- I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

\_\_\_\_\_  
Signature of patient or parent/legal guardian/legally responsible person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of relationship to patient

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**TO BE COMPLETED BY STAFF**

*Complete if signature requested but not obtained:*

Staff member sought but was unable to obtain an acknowledgment from the patient or the patient's personal representative for the following reason:

☐ Patient/personal representative refused to sign form

☐ Other \_\_\_\_\_

\_\_\_\_\_  
Office Team Member

\_\_\_\_\_  
Date