

**Hanover Road Dental Health**  
**ACKNOWLEDGEMENT OF RECEIPT OF**  
**NOTICE OF PRIVACY PRACTICES**

*\* You may refuse to sign this acknowledgement\**

I, \_\_\_\_\_, hereby acknowledge that I have read or been offered a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.

\_\_\_\_\_

Name Date

- I do not want a copy of the HIPAA for my records
- I would like a copy of the HIPAA for my records
- I would like a copy of the HIPAA emailed to me. My email address is

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