

# Synergy Smile Designs

125 E. Tahquitz Way #100-101 Palm Springs, CA 92262

## ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I \_\_\_\_\_, hereby acknowledge that, I have received and reviewed a copy of Synergy smile Design's HIPPA notice of Privacy Practices.

I understand that Synergy smile Designs HIPPA Notice of Privacy Practices may change periodically and that I am entitled to receive a copy of Synergy smile Designs revised HIPPA notice of Privacy Practices upon request.

I understand that, if I have questions about Synergy Smile Designs HIPPA Notice of Privacy Practice, I may contact Angelique Yalda Office Manager at 760-778-7779.

I understand that it is my right to refuse to sign this Acknowledgement should I so choose, and that Synergy Smile Designs will not refuse treatment to me if I refuse to sign this Acknowledgement.

I further understand that I may contact the secretary of the U.S Department of Health and Human Services should I have concerns regarding Synergy Smile Designs privacy policies and procedures for information on how to contact the U.S Department of Health and Human services, please ask Angelique Yalda noted above, for assistance.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print name of Personal Representative

\_\_\_\_\_  
Relationship of Personal Representative to patient

### FOR OFFICE USE ONLY

Synergy Smile Designs made a good-faith effort to obtain Acknowledgement, from the patient noted above, of receipt of its HIPPA Notice of Privacy Practices, In spite of these efforts, Synergy Smile Designs was unable to obtain a signed Acknowledgement for the following reasons(s);

- Refusal to sign Acknowledgement on \_\_\_\_\_, 20
- Communications barriers prohibited us from obtaining a signed acknowledgement
- An Emergency situation prohibited us from obtaining a signed Acknowledgement
- Other (Described);

Date Received

By

Patient ID