

TAMBRINI FAMILY DENTISTRY
Seth A. Tambrini, D.D.S.

Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that healthcare providers give patients a copy of the Notice of Privacy Practices and made in good faith effort to obtain an acknowledgment of receipt of same. You may refuse to sign this acknowledgment form.

I, _____, have received a copy of Tambrini Dental Services Inc., d.b.a. Tambrini Family Dentistry's Notice of Privacy Practices.

Please Print Name

Signature

Date

Statement of Office Policies

Dr. Tambrini values you as a patient and values your dental health. As your dental health care provider, Dr. Tambrini values the time spent with you; as a policy of this office you are expected to arrive on time and be ready at your appointed time, and to keep your appointments as you have made them. A broken appointment takes away time from other patients. Therefore Dr. Tambrini reserves the right to charge a broken appointment fee for a cancelation without 48 hours notice of a minimum of \$45 per broken appointment.

Patient Signature: _____ *Date:* _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign.

Communication barrier prohibited obtaining the acknowledgment

An emergency situation prevented us from obtaining acknowledgment

Other (please specify)

Employee Signature: _____ *Date:* _____
