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ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

HIPAA IS A FEDERAL LAW DEVELOPED TO PROVIDE A STANDARD FOR THE PROTECTION OF YOUR HEALTH INFORMATION. THE PURPOSE OF THE NOTICE OF PRIVACY PRACTICE IS TO EXPLAIN HOW DR. LAM MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION.

THE NOTICE ALSO EXPLAINS THE RIGHTS THAT YOU ARE GUARANTEED UNDER HIPAA REGULATIONS. THOUGH THIS OFFICE HAS TAKEN GREAT CARE TO PROTECT THE INTEGRITY AND CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION, WE ARE NOW REQUIRED BY THE HIPAA PRIVACY RULE TO DISTRIBUTE THIS NOTICE TO YOU AND OBTAIN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED THE NOTICE.

SIGNING BELOW INDICATES THAT YOU HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR HIPAA COMPLIANCE OFFICER.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE OFFICE'S NOTICE OF PRIVACY PRACTICES.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

WE ATTEMPTED TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES, BUT ACKNOWLEDGEMENT COULD NOT BE OBTAINED BECAUSE:

- ☐ INDIVIDUAL REFUSED TO SIGN
- ☐ COMMUNICATION BARRIERS PROHIBITED OBTAINING ACKNOWLEDGEMENT
- ☐ AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT
- ☐ OTHER (SPECIFY BELOW):
