

Effective date of notice: February 1, 2016

**Acknowledgment of Receipt of Notice of Privacy Practices**

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The Health Insurance Portability and Accountability Act of 1966 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgment of receipt of same. You may refuse to sign this acknowledgment form.

*By signing this form, I confirm that I have received a copy of the Office Notice of Privacy Practices.*

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Signature of Patient (Guardian's)

Written acknowledgment was not obtained.

- Patient refused to sign
- Emergency situation
- Unable to communicate with patient
- Other \_\_\_\_\_