

REINALDO J. NEGRON, D.D.S., M.S.D.  
LETICIA MENDOZA-SOBEL, D.D.S.

HIPAA PRIVACY ACT  
ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES

**\*\* You May Refuse to Sign This Acknowledgement \*\***

I, \_\_\_\_\_ have had a chance to review the  
NOTICE of PRIVACY PRACTICES of the office. (Posted in Reception Room)

\_\_\_\_\_  
(Signature)

Minor Children

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FOR OFFICE USE ONLY  
\_\_\_\_\_

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

- Individual refused to sign
  - Communication barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining the acknowledgement
  - Other (Please Specify)
- \_\_\_\_\_