## ADVANCED DENTISTRY Hipaa Refusal Form

Patier	nt Name	Date of Birth	
Staff I	Name	Signature	
Date			
	empted to obtain written acknowless, but acknowledgement could n	edgement of receipt of our Notice of Privacy not be obtained because:	
	Individual refused to sign		
	Communications barriers prohibited obtaining the acknowledgement		
	An emergency situation prevented us from obtaining acknowledgement		
	Other (Please Specify)		