

**HIPAA RIVACY NOTICE ACKNOWLEDGEMENT**

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**To Our Patients:**

Federal law requires that we provide you with a copy of our Privacy Notice.

The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the notice.

If you have questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officers is located in your copy of the Privacy Notice that is available on the website and in our office.

**I, (please print your name) \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IF PATIENT IS UNABLE TO ACKNOWLEDGE RECEIPT, STAFF MEMBER PROVIDING NOTICE TO COMPLETE THIS SECTION**

The Privacy Notice was provided to:

Patient Name: \_\_\_\_\_ On this Date: \_\_\_\_\_

The patient was unable to acknowledge receipt of the Privacy Notice for the following reasons

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

Staff Signature: \_\_\_\_\_