

**Hirshfield Dental Care**

**50 North St.**

**Medfield, MA 02052**

**508-359-8822**

**ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES**

**We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.**

**Please sign this “Acknowledgment” form. Please note that by signing this Acknowledgment form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.**

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

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**Signature of patient or representative** **Date**

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**Print name of patient or representative**