



*Thomas Q. Buza, D.D.S ~ Robert G. Renfro, D.D.S.
801 N. Wilmot Road, Ste B4 ~ Tucson, AZ 85711
520-745-6891 (Phone)
520-745-6511 (Fax)*

Acknowledgement of Receipt of HIPAA Policies and Procedures

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

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures.
I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could 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)

