Mosaic Dental
650 E. Big Beaver Rd, Ste. D
Troy, MI 48083

Sarah Tague, Privacy Official

Mosaic Dental
KELLY M. GIERA, DDS, PC

HIPAA Privacy Rights Acknowledgement Form

PATIENT INFORMATION

Date

Name (Last, first, middle initial)

Primary Phone Number

May we leave a message at this number with protected health information?

Please list the names of people with whom we may speak to regarding your protected health information:

I have received a copy of this office's Notice of Privacy Practices:

Print Name

Date

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
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please specify below):