

**The Maria Seymour Brooker Memorial  
Children's Dental Center**

**HIPAA Omnibus Notice of Receipt of Privacy Practices**

Child's Name \_\_\_\_\_

I, \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

Please Print Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our HIPAA Omnibus 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):