

Acknowledgement of HIPAA Notice

Ahmad Soolari D.M.D. P.C.
11251 Lockwood Dr. Silver Spring, MD 20901
11616 Toulone Dr, Potomac, MD 20854

Privacy Officer: Mrs. Shams

I hereby acknowledge reading the "Notice of Privacy Practices" form.

Sign: _____

Date: _____

Print Name: _____

Telephone: _____

If not signed by the patient, please indicate.

Relationships:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of patient: _____

Office Use Only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date: Initials:

Reason: