

Dental Designs by Holst & Associates  
401 East Robinson  
Knoxville, IA 50138  
**(641) 828-8778**



# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

–YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT.–

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

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information.
- This office's obligations concerning the use and disclosure of my protected health information.

Patient, Parent or Guardian Signature \_\_\_\_\_

Patient Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

I also understand that if I have questions or complaints, I may contact:

Dr. Lisa Holst  
401 East Robinson  
Knoxville, IA 50138

You may also contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Call our office at (641) 828-8778 for their contact information.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attempt was made by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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