

**Riverside Orthodontics, LLC**  
**1171 East Putnam Avenue**  
**Riverside, CT 06878**  
**203-698-0045**

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE**

Recently, the United States Department of Health and Human Services ("HHS") issued comprehensive regulations relating to the privacy of patient records. It is the intent of Riverside Orthodontics, LLC to comply with each of these new rules.

I Hereby acknowledge that I have been given the opportunity to read the Privacy Notice and Privacy Policies of Riverside Orthodontics. I understand that if I have any further questions I may contact Dr. Kesselman. I also understand that I am entitled to receive updates upon request if Dr. Kesselman's Privacy Policies Notice is amended or changed in a material way.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

**TO BE COMPLETED BY COVERED ENTITY IF UNAVAILABLE TO OBTAIN  
WRITTEN ACKNOWLEDGEMENT FROM PATIENT**

On \_\_\_\_\_, I attempted to obtain written acknowledgement of receipt of the Privacy Practices Notice from the above-named patient, but was unable to because:

- Patient declined to sign this acknowledgement.
- Patient did not understand the request to sign this acknowledgement.
- Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Date