



ADYA SHROTRIYA, DDS

Regency Family Dental
Dr. Adya Shrotriya, DDS
1 Strawberry Hill Ct Suite L1
Stamford, CT 06902
203.323.1186

ACKNOWLEDEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have reviewed/received a copy of this Regency Family Dental's **HIPPA Notice of Privacy Practices**.

Patient Signature

Date

OR

Signature of Parent/Legal Guardian

Please note it is your right to refuse to sign this Acknowledgement.

Office Use Only

I tried to obtain written acknowledgment of receipt of HIPPA Notice of Privacy Practices by the patient noted above, but it could not be obtained because:

- An emergency occurred
- A communication barrier
- Patient unwilling to sign
- Other: _____

Staff Member Signature

Date