

Acknowledgement of Receipt of HIPAA Privacy Policies and Procedures

We at King of Prussia Dental are required by federal law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with either of our HIPAA Compliance Officers in person or by phone. If you would like a copy of the Notice, please ask.

I, _____, have received and reviewed a copy of King of Prussia Dental's health information privacy and security policies and procedures.

Name (Patient or Representative) _____

Signature _____

Date _____

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient.

Reproduction of this material by dentists and their staff is permitted. Any other use, duplication or distribution by any other party requires the prior written approval of the American Dental Association. This material is educational only, does not constitute legal advice, and covers only federal, not state, law. Changes in applicable laws or regulations may require revision. Dentists should contact their personal attorneys for legal advice pertaining to HIPAA compliance, the HITECH Act, and the U.S. Department of Health and Human Services rules and regulations.