



Acknowledgement of Receipt of HIPAA Privacy Policies and Procedures

We at Pediatric Dentistry of Collegeville 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 Pediatric Dentistry of Collegeville'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.

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