

Acknowledgement of Receipt of HIPAA Policies and Procedures

LASALLE FAMILY DENTAL

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures.

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Print Name: _____

Signature: _____

Date: _____

Who can we communicate with regarding dental treatment & appointments?

Name: _____

Phone number: _____

Name: _____

Phone number: _____