

Acknowledgement of Receipt of HIPAA Policies and Procedures

Star Dentistry, 423 Coventry Drive, Philipsburg, NJ 08865

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: _____