



*Michèle Laboda, DMD • Rosalie Brao, DDS*

---

---

## ACKNOWLEDGEMENT OF RECEIPT OF HIPAA POLICIES AND PROCEDURES

---

**\*You May Refuse to Sign This Acknowledgement\***

I, \_\_\_\_\_, have received and reviewed a copy of the dental practice's privacy, breach notifications policies and procedures. I understand that I should ask to see the dental practice's if I have any questions about these policies and procedures.

\_\_\_\_\_  
**Please Print Patient Name**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

© 2013 American Dental Association

All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This form is educational only, does not constitute legal advice, and covers only federal, not state law (august 14, 2002)