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## ACKNOWLEDGEMENT OF RECEIPT OF HIPAA POLICIES AND PROCEDURES

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**\*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

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