DENTAL WORKS by
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Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement

Today, I, _____, acknowledge that I have
Patient's Name

received a copy of the Notice of Health Insurance Portability and Accountability Act of 1996 (HIPAA), describing how medical information about me may be used and disclosed and how to get access to this information.

_____ _____
Patient's Signature (Parent or Guardian) Date

_____ _____
Witness Date