

Acknowledgement of Receipt of HIPAA Policies and Procedures

James A. Dempsey, DDS PC dba Westbrooke Family Dentistry

You may refuse to sign this Acknowledgement

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: _____

(If applicable) I give permission for Dr. James Dempsey and his staff to discuss any details of my treatment and my account with my spouse/parents/stepparents/other (specify):

