Smile4Us Dental
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Patient form

HIPAA Acknowledgment

Use only after the clinic provides its official Notice of Privacy Practices.

[TODO: clinic to review and approve this template before using it with patients.]

Important notice

[TODO: Attach or provide Smile4Us Dental official Notice of Privacy Practices before using this acknowledgment.]

Acknowledgment

I acknowledge that I was offered or received Smile4Us Dental's official Notice of Privacy Practices.

[ ] I received a paper copy

[ ] I reviewed it electronically

[ ] I declined a copy at this time

Signature

Patient/guardian name _____

Patient/guardian signature _____

Date _____