Magnolia
FAMILY DENTISTRY
PATRICIA J. FAST, DMD

HIPPAA- Acknowledgement of Receipt of Notice of Privacy Practices

Printed Patient Name:_____

Patient Birth Date:_____

We at Magnolia Family Dentistry, LLC are required by law to maintain the privacy of and to provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please speak to our HIPPAA Compliance Officer directly in person or by phone at our main office phone number. If you would like a copy of the notice, please ask.

I hereby acknowledge that I have reviewed the HIPPAA Notice of Privacy Practice document.

Printed name of patient or patient's parent/representative relationship

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Signature of patient or patient's parent/representative date