

ALLISON B. ROSE, DMD
BOARD CERTIFIED



COLLEGEVILLE PEDIATRIC DENTISTRY

ACKNOWLEDGEMENT OF HIPAA RECEIPT

We at Collegeville Pediatric Dentistry are required by federal law to maintain the privacy of and to provide individuals with the attached **Notice of Privacy Practice** of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with either of our Contact Officers in person or by phone. If you would like a copy of the Notice, please ask.

I, the Parent and/or Guardian, have received and reviewed a copy of Collegeville Pediatric Dentistry's health information Notice of Privacy Practices for security policies and procedures.

PARENT/ GUARDIAN (print) _____

PARENT/ GUARDIAN (signature) _____ DATE ____ / ____ / ____

PATIENT(S) NAME (print) _____

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