

Village Park Family Dental
Acknowledgement of Review of
NOTICE OF PRIVACY PRACTICES (HIPAA)

I, _____, have received a copy of
Patient's Name

Saba S. Ahmed, D.D.S.'s Notice of Privacy Practices for review which explains how my healthcare information will be used, disclosed, and protected.

Signature of Patient: _____ Date: _____

Patient Record of Disclosures

The HIPPA Privacy Rules give individuals the right to share health information. My health information may be given to the following person or persons:

Name: _____ Telephone#: (____) _____

Name: _____ Telephone#: (____) _____

Name: _____ Telephone#: (____) _____

Signature of Patient: _____ Date: _____