

Privacy Acknowledgement

We are required by applicable federal and state law to maintain the privacy of your health information. We are aware of these responsibilities and will carry them out without hesitation. We are also required to give you notice about our privacy practices, our legal duties, and your rights regarding your health information. If you would like the complete Notice of Privacy Practice, please ask our front desk staff. We would be happy to give you these forms in their entirety.

I

understand my rights and understand that the doctors at Lipkowitz Dental Associates will respect my rights and carry out their responsibilities to the letter of the law.

Patient/Parent Signature

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