



**ACKNOWLEDGEMENT OF RECEIPT OF
Who Does YOUR Teeth? HIPAA Privacy and Security Practices**

The Health Insurance Portability and Accountability Act of 1996 was enacted to protect your Personal Health Information from release to individuals beyond the necessary means for proper health care.

By signing this form, you acknowledge that Who Does Your Teeth will maintain the proper disclosure of your personal health information. Who Does Your Teeth can provide you a physical copy or electronic copy of its HIPAA Privacy and Security Practices, which explains how Protected Health Information (PHI) will be handled in various situations.

- I would like to receive electronically a copy of WDYT's HIPAA Privacy and Security Practice.
- I will visit www.WhoDoesYourTeeth.com to review a copy of WDYT's HIPAA Privacy and Security Practice.
- I would like to receive a physical copy of WDYT's HIPAA Privacy and Security Practice.

At anytime, Who Does Your Teeth will give you the chance to discuss any questions about the WDYT's HIPAA Privacy and Security Practice.

Patient's Signature

Date

- I would like to allow an individual or company to view my Personal Health Information and request an AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION Form.**

For office use only:

Employee Name: _____

Date of Receipt: _____