

Dr. Steven Damelio, DMD
ACKNOWLEDGEMENT OF RECEIPT OF
HIPPA NOTICE OF PRIVACY PRACTICES
(“Acknowledgement”)

I acknowledge that I have received a copy of this Dental Practice’s **HIPPA Notice of Privacy Practices**.

Patient Name (Please Print)

_____ Date _____

Patient Signature

If signing for a child under the age of 18 please print child’s name _____.