

NOTICE OF PRIVACY PRACTICES
Patient Acknowledgment of Receipt



This Healthcare Practice recognizes that every patient has the Right of Privacy concerning their personal health information. We make every effort to protect and preserve patient records in a manner that secures this information.

You do not give up any of your Rights and you may choose at some point in the future to provide more specific instructions for us to follow regarding your personal health information.

By signing this form you are acknowledging that Sonoran Hills Dental has provided you with the office's Notice of Privacy Practices. Patient may refuse to sign this agreement.

Name (PRINTED)

Signature

Date