

Notice of Privacy Policy (HIPAA)

Dr. Andy Traxler & Dr. Rod Robinson

Patient acknowledgement of Privacy Practices – HIPAA

I have seen the Privacy Practices notice as required by HIPAA, have read it and been given the opportunity to ask questions.

Patient Signature: _____ Date: ____/____/____

I hereby give permission for the doctors and staff to discuss my ongoing dental care with my spouse/parents.

Patient Signature: _____ Date: ____/____/____