

**Upstate Prosthodontics, LLC**

**Acknowledgement of Receipt of HIPAA Policies and Procedures**

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures.

I understand that I should ask our dental practice's Privacy Official, Sandy Lentz if I have

any questions about these policies and procedures.

I, \_\_\_\_\_ (print name) will allow Upstate Prosthodontics to talk to the following people about my treatment, account, medications and they may pick up items from the office on your behalf.

Please list any people we can discuss your treatment.

Name number	Relationship	Contact phone
1.		
2.		
3.		
4.		

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_