

Acknowledgement of Receipt of Notice of Privacy Practices

Effective April 14, 2003 the Health Insurance Portability and Accountability Act (HIPPA) requires that a copy of our Notice of Privacy Practice be made available to patients.

Galleria Oral and Maxillofacial Surgery will provide at patients request a copy of our Notice of Privacy Practices. The Galleria Oral and Maxillo-Facial Surgery Notice of Privacy Practices explains your privacy rights and how we may use and disclose your protected health information.

If you have any questions about the information described in the Galleria Oral and Maxillo-Facial Surgery Notice of Privacy Practices, please contact the office at (916) 783-2110.

My signature below indicates that I have been proved with a copy of Galleria Oral and Maxillo-Facial Surgery's Notice of Privacy Practices at my request or agree without being proved with a copy of this document.

Signature of Patient or Legal Representative

Print Patient Name

If signed by legal representative, state relationship to patient

Date

Patient Date of Birth