

RECEIPT OF ACKNOWLEDGEMENT OF HIPPA
POLICIES AND PROCEDURES

North Creek Dental Care
Donald Koontz, DDS
Nicholas J. Conley, DDS
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Everett, WA 98208
425-338-0666

I affirm that I have received and read a copy of North Creek Dental Care privacy, security and breach notification policies and procedures.

I further understand that I may ask North Creek Dental Care designated Privacy Official any questions that I may have about these policies and procedures.

_____ Date _____
Patient/legally authorized representative

_____ Relationship _____
Printed name if signed on behalf of the patient

This form will be retained in your dental record
8/2020 pjt