



HIPPA PRIVACY POLICY
Confirmation of Policy Review

By signing this form you acknowledge that you have seen this HIPPA Privacy Policy and that you have read all of the HIPPA Privacy Policy and that you understand the HIPPA Privacy Policy.

Adult patient, Parents and Legal Guardians reviewing this HIPPA Privacy Policy please print your name, sign and date below:

Print: Patient/Parent/Legal Guardian _____ Date: _____.

Signature: Patient/Parent/Legal Guardian _____ Date: _____.

Barron Family Dental may give my information to the following:

NAME

RELATIONSHIP
