



ARIZONA PEDIATRIC DENTAL CARE

**Dr. Jared Welch
Dr. Aaron Buyack**

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of this practice's "NOTICE OF PRIVACY PRACTICES", revision date January 3, 2005.

As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

I understand and agree to the HIPAA "Notice of Privacy Practices."

Signature

Date

Print Name

I wish to object to the following in the HIPAA "Notice of Privacy Practices".

If you object to the HIPAA "Notice of Privacy Practices," I understand that this office is not required to honor any changes to the "Notice of Privacy Practices".

Signature

Date

Print Name

Gilbert Location: 3011 S. Lindsay Rd Suite 108, Gilbert, AZ 85295 Phone: (480)917-9339 Fax: (480)821-2980

Mesa Location: 9101 E. Brown Rd Suite 102 Mesa, AZ 85207 Phone: (480)565-8555

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