

DELUNA KIDS DENTAL
11700 NE 95th Street, Ste 120
Vancouver, WA 98682

H.I.P.A.A. Privacy Policy

Health Insurance Portability and Accountability Act

Acknowledgement of Presentation of "Notice of Privacy Practices"

I, _____ (Child/ Children's name) have been presented with the Notice of Privacy Practices of Dr Frank Foreman, and understand that copies of the Policy are available for my records upon request.

- I hereby acknowledge that I had a copy of the Policy presented to me.
- I hereby refuse to acknowledge receipt of the Policy; I understand that even though I may refuse to sign this acknowledgement, services can still be provided to my child.

Signature of Parent