

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT

(HIPPA)

OFFICE PRIVACY POLICY COMPLIANCE ACKNOWLEDGEMENT

I am aware of the Personal Health Information (PHI) Privacy policy measure being performed, as set forth in the HIPPA Privacy Policy, Including my rights as a patient. I acknowledge my acceptance of the Privacy Policy in the office of Dr. Steven Beuligmann, and that I have been offered a printed copy of the Privacy Policy

Signature

Date

DENTAL MATERIALS FACT SHEET ACKNOWLEDGEMENT

I, _____ acknowledge that I have received a copy
Of the Dental Materials Fact Sheet dated October 2001 from Dr. Steven Beuligmann.

SIGNED _____

DATE _____