



SMILECARE
DENTAL OF FITCHBURG
— KAY COLACO, DDS —

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices of _____, and have been offered the opportunity to review it and ask any further questions about my rights to the maintenance of the security of my Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) and corresponding HITECH Legislation.

**Patient's Name or Name of
Guardian or Personal Representative**

Signature

Date