

# Acknowledgement of Receipt of HIPAA Policies and Procedures

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## Oakton Dental Center

I have received and reviewed a copy of Oakton Dental Center's privacy, security and breach notification policies and procedures.

I understand that I should ask Oakton Dental Center's Privacy Official if I have any questions about these policies and procedures.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_