

**Lake Oswego Family Dentistry**  
**Dr. Carrie Laird DMD and Dr. Lisa Spink DMD, MDSc**

**Acknowledgement of Receipt of HIPAA Policies and Procedures**

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures.

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

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

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

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