



**Dr. Claude A. Hearn, DMD  
HIPPA Acknowledgement**

**Our Legal Duty**

**We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while in affect.**

**You have the right to request a copy of your notice at any time.**

**By signing this you agree that we may use or disclose your health information to a physician or other healthcare provider providing treatment to you.**

**Patient Rights:**

**You have the right to look at or request a copy of your health information. You also have the right to amend protected health information.**

**We take great pride in upholding this standard and protecting or patients privacy. If you have any questions, concerns, or would like more information please contact our Office Manager.**

**Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_**

**Relationship/Guardian \_\_\_\_\_ Date: \_\_\_\_\_**