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NOTICE OF PRIVACY PRACTICES & HIPAA COMPLIANCE

This Notice describes how your dental/personal information is protected and how it may be used and disclosed in compliance with HIPAA. A copy of this Notice can be provided by the front desk. We want to assure you that your dental/personal information is secure with us.

By signing this form, I, _____ (print patient/guardian name), acknowledge the receipt of this practice's Notice of HIPAA Privacy Practices.

(You may refuse to sign this document. **)**

X _____

Signature of Patient/Guardian

Date