



**ERICKSON
DENTAL**

1010 E. University Drive
Mesa, Az. 85203
480-644-7777

NOTICE OF PRIVACY ACT

(Full version of Privacy Act notice available at patient request)

We are required by law to maintain the privacy of your protected health information and to provide you with this notice, which explains our legal duties and privacy practices with respect to your protected health information. We must abide by the terms set forth in this notice. However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. We will post and revised notice in a prominent location in our office and ,upon request, will provide to you a copy of the revised notice.

Print Name

Date

Signature

Date

For office use only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- Other (please Specify)

