

**CYPRESS CREEK**  
**FAMILY DENTAL**  
NICK CAMARATA, DDS

**Acknowledgement of Receipt of HIPAA  
Privacy Policies**

I, \_\_\_\_\_, have received and reviewed a copy  
of Cypress Creek Family Dental's health information privacy and security policies and procedures.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Reproduction of this material by dentists and their staff is permitted. Any other use, duplication or distribution by any other party requires the prior written approval of the American Dental Association. **This material is educational only, does not constitute legal advice, and covers only federal, not state, law. Changes in applicable laws or regulations may require revision. Dentists should contact their personal attorneys for legal advice pertaining to HIPAA compliance, the HITECH Act, and the U.S. Department of Health and Human Services rules and regulations.**