

THOMASSON DENTAL
Mark H. Thomasson DDS
Andrew L. Thomasson, DDS

1114 Gallatin Pike N
Madison, TN 37115
(615)865-1732
www.thomassondental.com

ACKNOWLEDGEMENT

of

Notice of Privacy Practices

I understand that, under the Health Insurance Portability & Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information.

I have been provided and given the opportunity to read the Office's ***Notice of Privacy Practices***. The notice provides a complete detailed description of the uses and disclosures of my health information.

I understand that I may contact this office at any time to inquire about my private information and how it is being used.

Patient Name: _____

Signature: _____

Date: ____ / ____ / ____