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Health Insurance Portability and Accountability Act (HIPAA) protects the patients privacy. Pikes Peak Periodontics will maintain your privacy of your health information as required by law. You may request a complete copy of the Pikes Peak Periodontics privacy notice at any time.

I, \_\_\_\_\_, hereby acknowledge that I have had the opportunity to read a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Patient/Guardian: \_\_\_\_\_