

## PRIVACY POLICY ACKNOWLEDGEMENT STATEMENT

I have been told that Kwon Pediatric Dentistry has a Privacy Policy in place according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a patient of Kwon Pediatric Dentistry, I understand and acknowledge the following:

- Kwon Pediatric Dentistry has a privacy policy in effect in their office.
- Kwon Pediatric Dentistry has made this policy available to me and has made me aware, that as a patient, I am entitled to a copy of this privacy policy if I desire a copy for my personal files.

After reading these statements please sign at the bottom acknowledging that you have been advised of the privacy policy implemented by Kwon Pediatric Dentistry, and have read and understand the acknowledgement form. If you would like a copy of the privacy policy, please ask for one at our front desk.

**No, I do not want a copy of the policy but I do acknowledge that it exists.**

**Yes, I have requested and been given a copy of the privacy policy.**

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PATIENT NAME

DATE

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PATIENT NAME

DATE

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PATIENT NAME

DATE

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PATIENT NAME

DATE

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PARENT/GUARDIAN SIGNATURE

DATE

For more information, please contact Kwon Pediatric Dentistry at (678) 714-7575.