

**Kevin Y. Myint, D.D.S., PC**  
**OUR PROMISE OF PRIVACY**  
**AND CONSENT TO PATIENT RECORDS**  
**(HIPAA)**

Our office is fully committed to compliance with the HIPAA guidelines by:

1. Providing appropriate security for our patient records.
2. Protecting the privacy of our patient's information.
- ~~3. Providing our patients with proper access to their records.~~
4. Appropriately maintaining our patient information and billing processes in compliance with national HIPAA standards.

If you ever have any questions or concerns about your services or charges, we encourage you to call and ask for our Compliance Officer.

**ACKNOWLEDGEMENT OF RECEIPT**

I, \_\_\_\_\_, have received a copy of this office's notice of Privacy Practices.

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Signature \_\_\_\_\_ date \_\_\_\_\_

**Office use only**

We attempted to obtain written acknowledge of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communications barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (please specify)