David D. Koilpillai, DDS

Montpelier Family Dentistry
14502 Greenview Drive Suite 100
Laurel, MD 20708

Telephone: 301-604-0025
Fax: 240-554-0329

Acknowledgement of Receipt of
Notice of Privacy Practices

By signing this form, you acknowledge that this Dental Practice has given you a copy of its Notice of Privacy Practices. This notice explains how your health information will be handled. HIPPA, the new federal law concerning medical privacy, requires this notice.

I have received a copy of the Notice of Privacy Practices. The Dental Practice has given me the opportunity to ask any questions about this notice and all my questions have been answered.

_____
Patient's Signature or Guardian

_____
Date Signed

Provider Use Only
If the patient was not able to sign due to an emergency, or did not want to sign, please document if the patient was given the notice and the reason why the patient did not sign below.

Patient was given notice: ____ Yes ___ No

Reason signature was not obtained:
_____
_____
_____

_____ _____
Staff Signature Date