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New Federal privacy regulations require every medical professional who keeps records of your "protected health information" to have a Privacy Policy in place in their office. We are required to have you review our office's "Privacy Policies" and ask you to sign an acknowledgement that you have reviewed these procedures.

Please complete and sign below:

I, _____, have reviewed a copy of this office's Notice of Privacy Practices and I have been advised of how my protected health information may be used and disclosed by the office and how I may obtain access to this information.

_____ (Signature) _____ (Date)