



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

HIPAA – Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (also known as HIPAA) is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practices is to explain how Sunrise Orthodontics may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Though Sunrise Orthodontics has always taken great care to protect the integrity and confidentiality of your health care information, we are required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have received the Notice.

Our Notice of Privacy Practices is available for you to view at our office, and can also be obtained via e-mail or fax. Signing below indicates that you have had the opportunity to review the Notice of Privacy Practices.

I certify that I have had the opportunity to review the Notice of Privacy Practices of Sunrise Orthodontics, Matthew Sanders, DDS, Inc.

Patient _____

Signature of Responsible Party _____

Printed Name of Responsible Party _____

Relationship to Patient _____

Date _____

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