

# HIPAA/PRIVACY PRACTICES ACKNOWLEDGEMENT

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## PRIVACY NOTICE AMENDMENT SEPTEMBER 2013

I HAVE HAD THE OPPORTUNITY TO READ THE PATIENT PRIVACY NOTICE FOR THIS PRACTICE. I UNDERSTAND THAT I MAY ASK FOR A COPY TO TAKE WITH ME AT ANY TIME, AND THAT AN APPOINTED PERSON IS AVAILABLE TO ANSWER ANY QUESTIONS THAT I MAY HAVE NOW, OR IN THE FUTURE, REGARDING THE USE ON MY PERSONAL HEALTH INFORMATION.

\_\_\_\_\_  
PATIENT PRINTED NAME

\_\_\_\_\_  
PATIENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OFFICE STAFF/WITNESS SIGNATURE

\_\_\_\_\_  
DATE