

**Glacier Valley Endodontics, Inc.**

**Acknowledgement of Receipt of HIPAA  
Privacy Policies and Procedures**

I, \_\_\_\_\_, have received and reviewed a copy  
of \_\_\_\_\_ [PRACTICE 'S] health information privacy  
and security policies and procedures.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_