

Christian L. VerMeulen DDS PLC
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Grand Rapids, MI 49546
616-949-3500

-HIPAA-
Notice of Privacy Practices

Date: _____

We respect our legal obligation to keep your health information that identifies you private. We are obligated by law to give you notice of our privacy practices. The notice given to you describes how we protect your health information and what rights you have regarding it. The notice describes how medical information about you may be used and disclosed and how you can get access to this information.

I, _____ have received and understand the forms. I am signing HIPAA form voluntarily. I authorize the disclosure of my health information as describes in the form. Please read given handouts carefully.

Signature: _____