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HIPAA Privacy Policy Acknowledgement

As required by the Health Insurance Portability and Accountability Act we must maintain the privacy of your Protected Health Information (PHI). We are also required to provide you a copy of our HIPAA Privacy Policy containing details about our legal duties and your rights concerning your PHI. We will not disclose your records to others unless you direct us to do so or required to by law.

We keep a record of the health care services we provide you. You have a right to this information, our only requirement is a written request stating which records and why you are requesting them.

Our HIPAA privacy policy describes in more detail how your PHI may be used and disclosed, and how you can access your information.

By signing below, I acknowledge receipt of DeFelice Dentistry's HIPAA Privacy Policy.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

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Relationship to Patient