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(Receipt for Amelia Island Dental Notice of Privacy Practices)

Amelia Island Dental is required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 to provide each Patient and his/her legal representative a copy of our Notice of Privacy Practices.

We are also required to obtain a signed acknowledgement of receipt from each patient and/or his/her legal representative.

We appreciate your cooperation in signing below to fulfill this requirement.

I, _____, acknowledge receipt of the Amelia Island Dental Notice of Privacy Practices.

(Signature)

(Date)