

Please Read and Sign

From the desk of:

Dr. Kenneth R. Kloess. D.M.D.

We treat personal and health information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide services to patients. As required by the Health Information Portability and Accountability Act (HIPAA) OF 1996 you have a right to request the opportunity to inspect and copy health information that pertains to you. Please see our Privacy Policy attached. A copy is available upon request.

Signature (head of household)_____Date_____