

Denton Combs



Center For Excellence In Care

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Sioux Falls, SD 57108

HIPAA ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting the office of Denton Combs at 605-274-3898.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices as of November 2011.

Name of Patient: _____
Print or Type

Date of Birth: _____

Patient or Patient Representative: _____
Signature

Date of Consent: _____

HIPAA ACKNOWLEDGEMENT