



CEDAR DENTAL GROUP

HIPAA COMPLIANCE AGREEMENT

I _____ have read over our HIPAA policy and agree to abide by the rules the Health Insurance Portability and Accountability Act.

I understand that if I do not uphold our HIPAA policy, there will be severe consequences including the possibility of being let go from employment.

I understand that if I have any questions or am uncertain as to how to handle any situation with a patient's private health information, I will seek help from the Privacy Officer – Dr. Courtney.

Signature

Date

Printed name

Witness