



## *River Square Family Dentistry*

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### **HIPPA Notice of Privacy Practices**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this than, please ask to speak with our HIPPA Compliance Officer in person or by phone at our main phone number.

If it is not acceptable to leave a message on your recorder or with a family member confirming an appointment or asking you to contact our office, please notify the receptionist.

**May we contact you by phone at work?    Yes            No            Not Applicable**

Signature below is only acknowledgement that you have received this Notice Of our Privacy Practices.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_