

**NOTICE OF PATIENT PROTECTED HEALTH INFORMATION  
AND HIPAA COMPLIANCE FOR THE OFFICE OF  
JAMES W MAKOWSKI DDS, PC  
1220 S PARKER ROAD #104  
DENVER, CO 80231**

The following is the Makowski Dental HIPAA policy that is required by and an act of the Department of Health and Human Services, a federal agency. This notice describes how Dental information about you may be used and disclosed, and how you may obtain access to this information. Please review it carefully. It is to assure you that Makowski Dental will protect your health information. Disclosures will be made only to ethically conduct treatment, refer to another physician or specialist and correspond as needed to process your insurance. Other disclosures will require your written authorization.

By signing this form I acknowledge that the office of James W. Makowski DDS, PC has in place a "HIPAA Privacy Practice" and understand I may view the content, my rights as a patient and the responsibilities of Makowski Dental with respect to protected health information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Refusal \_\_\_\_\_