

DENTAL MEDICAL STAFFING, INC.  
410 NE 181ST  
PORTLAND, OREGON 97230  
503 618-8367

[www.dentalmedicalstaffinginc.com](http://www.dentalmedicalstaffinginc.com)

WE NEED YOUR HELP!!

CAN YOU PLEASE SIGN AND RETURN THE

SLIP BELOW, FOR OUR RECORDS, JUST

INDICATING THAT YOU DO HAVE KNOWLEDGE OF

AND UNDERSTAND HIPAA.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL

FREE TO CONTACT US.

THANK YOU FOR YOUR COOPERATION!

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I HAVE KNOWLEDGE OF AND UNDERSTAND THE HIPAA  
COMPLIANCE RULES..

NAME: \_\_\_\_\_

DENTAL MEDICAL STAFFING, INC.