

Dr. Alan L. Watson
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Dear Patient:

Enclosed for your information is a copy of the privacy practices we follow in our office to protect your personal health information. A new federal law requires that we give you a copy of our privacy policies. We are requesting that you sign the attached form acknowledging the fact that we have given you a copy of these policies.

Although the law now requires that we provide this information to you in writing, you can be assured that this office has always protected the personal health information of our patients and that your information is only used for activities related to your dental treatment or for payment and collection purposes. By signing the acknowledgement form you are not giving us permission to extend the use of your health information for other purposes.

If you have any questions please do not hesitate to speak with a member of our dental team.

Dr. Alan L. Watson