

# ACKNOWLEDGEMENT OF PRIVACY PRACTICES

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers for my health care services
- Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of my dental provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices*. I understand that my dental provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address show on the back side of this form on the lower left hand corner to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Dependent Family members also covered by this acknowledgement:**

\_\_\_\_\_

Additional Disclosure Authority:

Any member of my immediate family \_\_\_\_\_ **Your Signature**

Spouse only \_\_\_\_\_ **Their Name/Your Signature**

Other –Specify \_\_\_\_\_ **Their Name/Your Signature**

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### **For Office Use Only**

We were unable to obtain the patient's written acknowledgement of our *Notice of Privacy Practices* due to the following reason:

- The Patient refused to sign
- Communication barriers
- Emergency Situation
- Other