Acknowledgment 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 for the following:

- Provide and coordinate my treatment among a number of health care providers who may be involved in my 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 Practice.* 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 below to obtain a current copy of the *Notice of Privacy Practices.*

In the event that an employee or patient is exposed to body fluids, I agree to being tested to ensure the safety of all individuals exposed.

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: _____

Signature: _____

Dependent family members also covered by this acknowledgement (*if applicable*):

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

OFFICE USE ONLY:
We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Practices due to the following reason(s):

____ The patient refused to sign

____ It was emergency treatment/situation

____ I could not communication with the patient

____ Other _____

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