



Dentistry Dedicated to Excellence

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the offices of 253 Dental Care. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

253 Dental Care reserves the right to change the privacy practices currently described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed or otherwise transmitted to me.

ADDITIONAL DISCLOSURE AUTHORIZATION

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my Protected Healthcare Information to the person(s) identified below. (I understand that the default answer is "NO". Without indicating "YES" in answer to the each individual question, personal protected (PHI) cannot be shared with anyone unless otherwise allowed by HIPAA rules.)

Spouse only YES___ NO___

Any Member of my immediate family: (Spouse, Children, Children's Spouses) YES___ NO___

Any Member of my extended family: (Parents, Grandchildren) YES___ NO___

Other: _____

Patient signature: _____ Date: _____

Patient's personal representative: _____

Personal Representative's signature: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE

Acknowledgement Not Obtained

Provided Prior to Treatment? YES___ NO___

Date Statement Provided: _____

Reason for not obtaining patient signature

Needed more time to review Statement

Wanted to consult another person before signing

Physically unable to sign

No reason offered

Other: _____