

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You May refuse to sign this acknowledgement)

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPA A), I have certain right to privacy regarding my protected health information. I understand that this information can and will be used to:

- 1. Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment direct and indirectly.
- 2. Obtain payment from third-party payers.
- 3. Conduct normal health care operation such as quality assessments and physician certifications.

I have received, read and understood your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change it's Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above 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 operation. I understand you are not required to agree to my requested restriction, but if you do agree then you are bound to abide by such restrictions.

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Patient Name (Print) _____ Date of Birth _____

Relationship to patient _____

Signature _____ Date _____

Written Communications:

Address to: _____

If the address provided above is not your home address or is not a street address, please provide us with a street address for purposes of ensuring payment.

Oral Communications Call (please fill in all that apply)

Home # _____	May we leave a message?	Y ___ N ___
Work # _____	May we leave a message?	Y ___ N ___
Cell # _____	May we leave a message?	Y ___ N ___

Oral Communications: May we leave a message that you need pre-medication? Y ___ N ___
 May we leave a message you have a dental appointment? Y ___ N ___

Written Communications: May we mail you a reminder postcard for your appointment? Y ___ N ___
 May we email or text you regarding your next appointment? Y ___ N ___