

ACKNOWLEDGEMENT OF PRIVACY PRACTICES



**3601 Fremont Avenue North, Suite 316
Seattle, WA 98103**

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 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 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.

HOW MAY WE CONTACT YOU?

The doctors and staff may need to contact you for appointment changes or to give instructions on your dental care. We are dedicated to respecting your confidentiality. Please indicate how we may contact you:

	Yes	No	OK to Leave a Message?
Home Phone			
Work Phone			
Cell Phone			
Email			
Text Message			

Please provide the most current contact information:

Home Phone:	Work Phone:
Cell Phone:	Email Address:

Patient Name: _____ **Date:** _____

Patient or Guardian Signature: _____

Guardian’s Name & Relationship to Patient if Applicable: _____