



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 ('HIPPA') I have certain rights 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 directly and indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal health care operations such as quality assessments and physician certifications.

I have received, read and understand 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 its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain current copy of the Notice of Private 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 also understand you are not required to agree to my requested restriction, but if you do agree then you are bound to abide by such restriction.

Print Patient Name: _____

Relationship to Patient: _____

Signature: _____ Date: _____

Request for Confidential Communications

Name of Patient _____ Date _____

I request that all communication to me by _____ and/or his staff be handled in the following manner:

*Written communications: Addressed to: _____

*Oral communication: Call:

Home # _____

Work # _____

Cell # _____

May we leave a message? Yes No

May we leave a message? Yes No

May we leave a message? Yes No

May we leave a message that you need pre-medication? Yes No

May we leave a message that you have a dental appointment? Yes No

Office Use Only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices acknowledgement, but was unable to do so as documented below

Date: _____ Initials: _____ Reason: _____