



ACKNOWLEDGEMENT OF PRIVACY PRACTICES

My signature confirms that I have been informed of my rights to privacy regarding my protected personal and health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand the terms in which my personal health and identification information may be used.

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.

Signature _____ Date: _____

RELATIONSHIP TO PATIENT: ADULT PATIENT PARENT GUARDIAN OTHER _____

Please list any dependent children under the age of 18 also covered by this acknowledgement:

I give permission for the following communications to be used by Harrell Dental Implant Center (please check all that apply):

Cell phone: _____ Text Message reminders permitted
 Home phone Work E-Mail: _____

I am granting permission for Harrell Dental Implant Center to disclose their identity to anyone who may answer my home, work or cell phone.

I am granting permission for Harrell Dental Implant Center to leave a message with any person who may answer my phone or on my voicemail of the following numbers (please check all that apply):

Home Phone Cell Phone Work Phone None- please just ask for a call back
 Other (Please explain) _____

By signing below, I acknowledge that I have read and understand the statements mentioned above.

Signature _____ Date _____