

## Acknowledgement of Receipt of Notice of Privacy Practices

As you are aware, we keep a record of the health care services we provide you and this has always been confidential. In April, 2003, regulations enacted by our federal and state governments regarding our use of these records went into effect. The name of the program is the Health insurance portability and accountability act of 1996 (HIPPA). This program is designed to ensure that your health information remains private. Under the provision of this act you may ask to see and copy your record. You may also ask to correct the record. We will not disclose your record to others unless you direct us to do so or unless the law authorize or compels us to do so. We have also made some changes in our policies and procedures which will continue to protect your health information. Since these regulations apply to all health care facilities including hospitals, physician's offices, and research facilities, some of them do not apply to dentistry but, nonetheless, must be included in our descriptions. This Notice of Privacy Practice describes in more detail how your health information may be used and disclosed, and how you can access your information. You may see your record or get more information by contacting Clara Felker or Kristen Gibson.

**The Health Insurance Portability and Accountability Act of 1996 requires us to receive your signature which acknowledges that you have reviewed a copy of the Notice of Privacy Practices. If you would like a copy to take home, one will be provided to you.**

**I have received a copy of this office's Notice of Privacy Practices.**

Printed Name of patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name of Signature if not patient: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

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### For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

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