

Acknowledgement of Receipt of Notice of Privacy Practices

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

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand the *Notice of Privacy Practices* document containing a more complete description of the uses and disclosures of my health information. I understand that James D Theiss, DMD has the right to change the *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above for a current copy of the *Notice of Privacy Practices* document.

Patient Name: _____
(Please Print) (Relationship to Patient)

Signature: _____
(Please Sign) (Date)

Do we have your permission to:

- | | | |
|---|------------------------------|-----------------------------|
| Leave a message on your answering machine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confirm appointments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Remind you of any pre-medication (if Applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speak to household members concerning you dental care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement