



Privacy Statement. Our Commitment to You.

- We will safeguard with strict confidentiality any personal health information that you share with us
- Our employees are trained in privacy practices
- We do not provide patient list for any vendors or unaffiliated third parties

We Do:

- Send information and x-rays of your condition to your dental insurance (i.e. for a fixed bridge prosthesis, filling, crown) including your name and address
- Review your pertinent health information with another physician, dentist or specialist that could be involved with your treatment either written or orally
- Intra-office review of information between our staff members

HIPPA Regulations

These are new federal regulations that require us to notify you that your health, dental and other information may be used for... treatment, payment and general operations.

We must make the effort to secure your acknowledgement of receipt of this notice.

As usual, you always have access to this information with few exceptions.

This form, "Notice of Privacy Practices", presents the information that the federal law requires us to make available to our patients regarding our privacy practices. (New regulations effective April 14, 2003).

We must provide this Notice to each patient. We must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. We must also have the Notice available at the office for patients to request to take with them. We must post the Notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.



Acknowledgement of Receipt of our Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

You May Refuse to Sign This Acknowledgement

I, _____ have received a copy of this office's notice of Privacy Practices.

Print Name

Signature

Date

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:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
