CAMPBELL DENTAL GROUP

PRIVACY AND DISCLOSURE ACKNOWLEDGMENT

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

- ☐ Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly
- ☐ Obtain payment from third-party payers for my health care services
- ☐ Conduct normal health care operations such as quality assessment and improvement activities

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.

I _____ give consent for all my protected health information to be shared with:
(Print: Patient or Guardian's Name)

Name _____ Relationship _____

Name _____ Relationship _____

Emergency Phone Number: _____

Dependent family members also covered by this acknowledgement: _____

Person(s) Authorized to bring and approve treatment for dependent family members:

Name _____ Relationship _____

Name _____ Relationship _____

Patient/Guardian Signature _____ Date _____

Relationship to Patient _____

OFFICE USE ONLY

We were unable to obtain the patient's written acknowledgement due to the following reasons:

- ☐ Patient refused to sign
- ☐ Communication barriers
- ☐ Emergency
- ☐ Other: _____