

NOTICE OF PRIVACY PRACTICES —ACKNOWLEDGEMENT

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 this program is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This program is designed to ensure that your health information remains private. Under the provisions 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 authorizes 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 Kristen Gibson or Chris Lewis.

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.

Patient or legally authorized individual signature

Date

Printed name of the patient

Printed name of signature if not patient

Relationship
(parent, legal guardian, personal representative)

Notes:

This form will be retained in your medical record.

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