

# Acknowledgement of Privacy Practices

Dr. Steven R. Alexander  
3620 Ensign Rd NE  
Olympia, Washington 98506  
(360)491-9594

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 provider's who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers for my health care service
- 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.

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

DEPENDENT FAMILY MEMBERS ALSO COVERED BY THIS ACKNOWLEDGEMENT:

\_\_\_\_\_

ADDITIONAL DISCLOSURE AUTHORITY:

Any member of my immediate family \_\_\_\_\_

Spouse only \_\_\_\_\_

Other \_\_\_\_\_

FOR OFFICE USE:

We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Practices due to the following reason:

The patient refused to sign \_\_\_\_\_

Communication barriers \_\_\_\_\_

Emergency situation \_\_\_\_\_