Southridge DENTAL

Dr. Sean Simper

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

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 (HIPPA). 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 assessments and improvement activities

I have been informed of my dental providers 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 private information is used or disclosed to carry out treatment, payment or health care operations, and I understated 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 understand that I have the right to revoke anyone that I have previously authorized to obtain my personal health information at any time.

Patient name:_____

Date:_____

Signature:_____

Relationship to Patient:_____

Dependent family members also covered by this acknowledgment: _____

ADDITIONAL DISCLOSURE AUTHORITY:
Any Member of my Immediate Family:

Spouse only: _____their name

Other-Specify: _____their name

_____ your signature

For Office Use Only:
We were unable to obtain the patients written acknowledgment of our Notice of Privacy Practices due to the following reason:

- The patient refused to signature
- Communication Barrier
- Emergency Situation
- Other