

**ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

My signature confirms that I have been informed of my rights to privacy and security regarding my protected health information (in oral, written or electronic form), under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the modifications that have been made under the HITECH/ARRA Act (effective 3/26/2013). I understand that this information can be 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 that my legal rights are described in my dental provider's *Notice of Privacy Practices* which contains:

- a more complete description of the uses and disclosures of my protected health information
- a full description of my rights under HIPAA/HITECH laws

I have been given the right to review and receive a copy of the *Notice of Privacy Practices*.

I have been informed that I may view or obtain the Current *New Image Dental -Notice of Privacy Practices* as follows :

- New Image Dental's website (hi-techdental.com)
- New Image Dental's office
- An additional current hard copy may also be obtained upon request

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's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Please list other dependent family members also covered by this acknowledgement:

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For Office Use Only:

We were unable to obtain the patient's written acknowledgment of our *Notice of Privacy Practices* due to the following reason: ( ) The patient refused to sign ( ) Communication Barriers ( ) Emergency Situation ( ) Other