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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement.

I understand that, under the Health Insurance Portability & Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can be used to:

1. Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.
2. Obtain information from third-party payers.
3. Conduct normal health care operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *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 operation. I also understand that you are not required to agree to my restriction, but if you agree then you are bound by such restrictions.

PATIENT NAME:	
RELATIONSHIP TO PATIENT:	
SIGNATURE:	DATE:

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

ADDRESS:

If the address provided above is not your home address or it is not a street address, please provide us with a street address for the purpose of ensuring payment.

May we leave a verbal message?

HOME #	YES	NO
WORK #	YES	NO
CELL #	YES	NO
EMAIL:	YES	NO
Would you like an automated appointment reminder text message?	YES	NO
May we leave a verbal appointment reminder message?	YES	NO
May we leave a verbal pre-medication reminder message?	YES	NO
I do not want a reminder left at all.	Initials:	
I do not want a postcard sent.	Initials:	

If needed, with whom may we discuss your protected health information?

NAME:	RELATION:
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FOR OFFICE USE ONLY:

I attempted to obtain the patient's signature in acknowledgement on the Notice of Privacy Practices, but was unable to do so as documented below:

DATE:	REASON:	INITIALS:
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