

7225 N. Oracle Rd. Ste. 201 Tucson, AZ. 85704 520-229-9000 Fax 520-229-9011

e-mail: info@krystalmiles.com website: krystalmiles.com

Acknowledgement of Privacy

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the (HIPAA) Health Insurance Portability and Accountability Act of 1996. 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 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.

Date:
Patient Printed Name (parental or guardian if a minor):
Patient Signature (parental or guardian if a minor):
If parental or guardian signature, relationship status to patient:
Please provide names of other people or persons also covered by this acknowledgment:

OFFICE USE ONLY:

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

- The patient refused to sign
- Communications barriers