

HIPAA PRIVACY RULE RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGMENT FORM

Acknowledgment of receipt of Information Practices Notice (164.520(a))

I consent to the use or disclosure of my protected health information by Palm Canyon Dental Office for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Palm Canyon Dental Office.

I understand the diagnosis or treatment of me by Palm Canyon Dental Office may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health operations of the practice, Palm Canyon Dental Office is not required to agree to the restrictions that I may request. However, if Palm Canyon Dental Office agrees to a restriction that I request, the restriction is binding on «Palm Canyon Dental Office. »

I have the to revoke this consent, in writing, any time, except to the extent that Palm Canyon Dental Office has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Palm canyon Dental office's Notice of Privacy Practices prior to signing this document.

The Palm Canyon Dental Office's Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of healthcare operations of the Palm Canyon Dental Office.

The Notice of Privacy practices also describes my rights and the duties of Palm Canyon Dental Office with respect to my protected health information.

Palm canyon dental office reserves the right to change the privacy practices that are describe in the Notice of Privacy practices.

I may obtain a revised Notice of Privacy practices by accessing the Palm Canyon Dental office's website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority