

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The United States Department of Health and Human Services, effective August 9, 2002, issued comprehensive federal regulations providing for protection of private medical information with which our office must comply. The final regulation, which goes into effect in April 2003, is designed to protect patient's identifiable health information. These protections are part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). (If more stringent state laws exist, these must be observed.)

The HIPAA privacy rule states that after April 14, 2003, health providers must provide patients with a written Notice of Privacy Practices and make a good faith attempt to obtain a written acknowledgement of such. This information should be provided to patients prior to or at the time of the first delivery of health services, except in cases of emergency. However, if a written acknowledgement is not obtainable, the attempt by the provider to obtain it is sufficient to comply with the rule.

In addition, a Notice of Privacy Practices must be displayed prominently and available for patients to take home. If the Notice is modified in the future, the new version must be displayed and available, and thereafter provided to patients at the time of their first treatment.

Patient Authorization

You may give us your written authorization to use or disclose your health information to anyone for any purpose. This authorization may be revoked, in writing, at any time. Without your written authorization, disclosures about your health information are limited to those listed in this Notice.

Questions and Complaints

If you have a complaint or need more information about our privacy practices please let us know. Your complaint may be related to a perceived violation of your privacy rights, access to your health information, requested changes in your records, or for any other reason. If you want to submit a written complaint to the U.S. Department of Health and Human Services we can provide you with the address. We completely support your right to privacy and will not retaliate should you decide to lodge a complaint.

Contact Officer _____

Telephone _____

FAZ _____

E-mail _____

Address _____

NAME OF PRACTICE:
TIMOTHY PENTECOST, D.D.S.

Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Availability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of same. You may refuse to sign this acknowledgement form.

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

Print Name _____

Sign Name _____

Date _____

(FOR OFFICE USE) Written acknowledgement was not obtained.

- Patient refused to sign
- Emergency situation
- Unable to communicate with patient
- Other . . .