

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

Southside Dental Clinic

The Federal Government signed into law the HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, commonly known as HIPAA. The purpose of this law is to improve portability and continuity of health care insurance coverage, along with insuring privacy. Under this act, individuals have certain rights to privacy regarding protected health information. This information can and will be used to:

- Conduct, plan and direct treatment and follow-up among multiple healthcare providers who may be involved in treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

In addition to this, our office requests permission to continue to contact you by telephone and by mail for appointment reminders, re-care appointments and billing statements.

By signing below, you are acknowledging that you have received, read and understand your Notice of Privacy Practices containing a description of the uses and disclosures of health information, that this organization has the right to change its Notice of Privacy Practices from time to time, and that you may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices. You may request in writing restrictions on how private information is disclosed to carry out treatment, payment or healthcare operations. Our organization, however, may not be required to agree to requested restrictions.

Sign: _____ Date: _____