

Patient Acknowledgement and Consent Form

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability act of 1996 (HIPAA) requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements we are giving you a copy of our Notice of Privacy Practices. This Notice of Privacy Practices contains the information that HIPAA requires us to disclose regarding our privacy practices.

Some state laws require (in addition to our attempt to obtain your written acknowledgement, discussed above) us to first obtain your written consent prior to disclosing any of your information except for your disclosures in connection with: a defense to a claim challenging our professional competence; a review entity's functions; a claim for payment of fees; a third party payer's examination of our records; a court order as part of a criminal investigation; an identification of a dead body; a licensure investigation; or a child abuse/neglect investigation.

From time to time it may be necessary for us to make disclosures of your information in connection with our treatment. For example, we may make a referral to or consult with another dentist or other health care professional, provide a specimen to a laboratory for testing or otherwise make disclosures of your information in connection with providing or coordinating your treatment.

Patient Acknowledgement

-ttoday that I have today recei	ed a copy of the Notice of Privacy Practices.
cknowledge that I have today recei	ed a copy of the House of French French
atient Signature	Patient Name (please print)
m also signing for my minor childre	(please print names)
	(please print names)
te:	
	Patient Consent
ease sign this form under the headi	g "Consent" to consent to our disclosures of your information that we deem necessary in
vide you with proper treatment.	
one and to your disclosures of my in	ormation, which you deem are necessary in connection with my treatment. I understand t
ch disclosures may not be of the ty	e listed above.
Patient Signature	Patient Name (please print)
Patient Signature	a statement and the statement
Constitution and American	a statement and the statement
Constitution and American	Patient Name (please print) be discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver)
Constitution and American	a statement and the statement
Constitution and American	n: be discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver)
The state of the s	the discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names)
Contraction of the Contraction o	n: be discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver)
Contraction of the Contraction o	the discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names)
m also signing for my minor childre lso give consent for my treatment t	n: be discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names) Date:
Contraction of the Contraction o	n: be discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names) Date:
m also signing for my minor childre lso give consent for my treatment t	n: be discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names) Date:
m also signing for my minor childre lso give consent for my treatment t	the discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names) Date: For office use only
m also signing for my minor childre lso give consent for my treatment to Patient refused to sign The following circumstances prohibite	the discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names) Date: For office use only I the patient from signing the Acknowledgement:
m also signing for my minor childre lso give consent for my treatment to Patient refused to sign The following circumstances prohibite	the discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names) Date: For office use only
m also signing for my minor childre lso give consent for my treatment to Patient refused to sign The following circumstances prohibite	the discussed with the following individuals: (e.g. spouse, parent, adult child, caregiver) (please print names) Date: For office use only I the patient from signing the Acknowledgement:

©Clinical Dynamics/Mary Govoni & Associates 2012