



Acknowledgement of Privacy Practices

Dr. Arvind J. Petrie
1550 S Union St Suite 150
Tacoma, WA 98405
p(253)761-5422 f(253)761-5429
www.petrie-dental.com

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). 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 the treatment directly and indirectly
- € Obtain payment from third-party payers for my health care services

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** 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 request restrictions, but if you do agree then you are bound to abide by such restrictions. I do understand and agree with the responsible fee that maybe charged when requesting records to be released and forwarded from this office.

Patient Name: _____ Date: _____

Signature: _____

Relationship to Patient: _____

Dependent family members also covered by this acknowledgement: _____

Additional Disclosure Authority:

OTHER _____ your signature

OTHER _____ their name/your signature

Other-Specify _____ Name/your signature

For Office Use Only:

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

€ _____ The patient refused to sign

€ _____ Communication barriers

€__Emergency Situation

€__Other:_____