KIRKLAND
PERIODONTICS AND IMPLANTS

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

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 that treatment directly and indirectly.
- Obtain payment from third-party payers for my care services.
- Conduct normal health care operations such as quality assessment and improvement activities.

I have been informed of my dental providers 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 Private Practices and that I may contact the office at the address below to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my privacy 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 requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name _____ Date _____

Signature _____

(If Applicable) Relationship to Patient _____

Dependent family members also covered by this acknowledgement:

Office Use Only:

We are unable to obtain the patients written acknowledgement of our Notice of Privacy Practices due to the following reason:

Patient refused to sign _____

Communication barriers _____

Emergency situation _____

Other _____

(425) 658-0850 • info@kirklandperio.com
625 4th Avenue, Suite 201 • Kirkland, WA 98033