



Acknowledgement of Privacy Practices

Fairway Dental Care
Rohn Falter DDS, PS
1716 S Gold Street
Centralia, WA 9831
360-623-1350

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance and 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 health care services
- Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of my healthcare 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*. I understand that my dental provider has the right to change the *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*. Importantly the updated 9-23-13 version of the NOPP reflecting the OMNIBUS rule. 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 requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____ Date: _____

Signature: _____ Relationship to Patient: _____

Dependant family members also covered by this acknowledgement:

Additional Disclosure Authority: (concluded with discussion RE: patient etc.)

OTHER-SPECIFY	Names	Signatures

-For Office Use Only:

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

- | | |
|--|---|
| <input type="checkbox"/> The patient refused to sign | <input type="checkbox"/> Communication barriers |
| <input type="checkbox"/> Emergency Situation | <input type="checkbox"/> Other |