

**ACKNOWLEDGEMENT
OF PRIVACY PRACTICES**
Columbia Smiles Family Dentistry
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Columbia, MD 21044
(410)730-7485

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 health care services.
- Obtain payment for healthcare from persons other than the individual when necessary.
- Conduct normal health care operations such as quality assessment and improvement activities.
- Send patient communications to include postcards, letters, telephone reminders or electronic reminders such as e-mail.

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*. 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*.

In addition to the above you have my permission to speak to the following regarding my treatment and account:

Name	Relationship to Patient
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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. I further 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 _____

Dependent family members also covered by this acknowledgement:

For Office Use Only:

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

- The patient refused to sign.
- Communication barriers
- Emergency Situation
- Other