



Acknowledgment of Privacy Practices

**Aaron Family Dentistry
2095 W. Main St. Suite A
League City, TX 77573
281-332-1919**

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 my 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.
- Transferring of my records between offices providing care for me.
- Discussing financials and treatment if someone else is helping/caring for me.

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.

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.

I give _____ my permission to be informed of my treatment/payment needs.

Patient Name: _____ Date: _____

Signature: _____

Relationship to Patient (if other than self) _____

Dependent family members also covered by this acknowledgment:

For office use only: We were unable to obtain written acknowledgment of our Notice of Privacy Practices due to the following reason:

- The patient refused to sign
- Communication barriers
- Emergency Situation or other _____