



Acknowledgement of Notice of Privacy Practices

I understand that, under Health Insurance Portability & Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations

I acknowledge that I have read your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

Print name: _____

Signature: _____ Date: _____

Authorization to Release and Discuss Dental Information

The HIPAA privacy law requires that we are only authorized to communicate with patients themselves, guardians, insurance providers and primary care physicians, unless we have authorization in writing by the patient to communicate with others on their behalf. Please provide all the family members or friends that you want us to be able to speak with. Spouses are not automatically included; their names must be explicitly stated below.

I give the following named person(s) authorization to take messages or speak with the office of Franklin Dental Associates, on my behalf regarding (please check all items authorized).

Name of authorized person(s): _____

Relationship : _____

Phone number: _____

Appointments _____ Dental Treatment _____ Financial/Insurance _____

I acknowledge it is my responsibility to notify my healthcare provider should I wish to change one or more contacts listed above.

Print name: _____

Signature: _____ Date: _____

For office use only

We attempted to obtain written acknowledgement of notice of privacy practices but acknowledgment could not be obtained because: _____ Date: _____

Initials: _____