

Patient Acknowledgement and Consent Form

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements, we are offering you a copy of our Notice of Privacy Practices. This notice contains the information that HIPAA requires us to disclose regarding our privacy practices.

Existing MI law requires us to obtain your written consent prior to disclosing any of your information except for our disclosures in connection with: a defense to claim challenging our professional competence; a review of entity's functions; a claim for payment of fees; a third party payer's examination of our records; a court order as part of a criminal investigation; an identification of a dead body; a licensure investigation; or child abuse/neglect investigation.

It may be necessary for us to make disclosures of your information in connection with your treatment. For example, we may make a referral to, or consult with another dentist or healthcare professional, provide a specimen to a laboratory for testing or otherwise make disclosures of your information in connection with providing or coordinating your treatment. You may request a copy of our privacy practices at your appointment or you can request one be sent prior by calling our office.

Patient Acknowledgement

I acknowledge that I have been offered/received a copy of the Privacy Practices,

(Patient signature)

(Patient name-Please Print)

(Date)

For office use only:

Patient refused to sign

The following circumstances prohibited the patient from signing the Acknowledgement:

(Office Personnel-Signature)

(Office Personnel-Print Name)

Date: _____

Patient Consent

I consent to your disclosures of my information, which you deem are necessary in connection with my treatment. I understand that such disclosures may not be of the type listed above.

(Patient's Signature)

(Patient Name-Please Print)