ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Alan Cooper, DDS, PS
207 SW 156th Street, Suite 6
Burien, WA 98166
(206) 244-4545

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Information 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 healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers for healthcare services.
- Conduct normal healthcare operations such as quality assessment and improvement activities.

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 *Notices 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 healthcare 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:_____

Dependent family members also covered by this acknowledgement:_____

Additional Disclosure Authority

Any member of my immediate family_____Yes / No

Spouse Only_____Yes / No

Other-specify_____

For Office Use Only
We are unable to obtain the patients written acknowledgement of our Notice of Privacy Practices due to the following reason:

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

NOTICE OF PRIVACY PRACTICES

Alan Cooper, DDS 207 SW 156th, Suite 6 Burien, WA 98166 (206) 244-4545

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronic, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and healthcare operations.

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing a dental plan for your dental services.
- **Health Care Operations** includes the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.

Unless you request otherwise, we may use or disclose health information to a family member, friend or other personal representative to the extent necessary to help with your healthcare or with payment for your healthcare. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, expect to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to you protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address below.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access, inspect and copy you protected health information.
- The right to request an amendment to you protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and healthcare operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revision to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate agains you for filing a complaint.

For more information about our Privacy Practices, please contact:

HIPAA Compliant Officer
c/o Alan Cooper, DDS
207 SW 156th, Suite 6
Burien, WA 98166
(206) 244-4545

For more information about HIPAA, or to file a complaint, contact:

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Ave, SW
Washington, DC 20201
(877) 696-6775 (toll-free)