



Dr. Nastaran Ejtemai DDS PC- Dental Office

ACKNOWLEDGEMENT OF NOTICE OF PRIVATE PRACTICES (HIPPA)

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 (HIPPA). I understand that the following are a few highlights as to how this information can and will be used to:

1. **Treatment:** Provide and coordinate my treatment among a number of health care providers who may be involved in the treatment directly and indirectly.
2. **Payment:** Obtain payment from third-party payers for my health care services.
3. **Healthcare Operation:** Conduct normal health care operations such as quality assessment and improvement activities.
4. **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, emails, or texts)

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 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 below 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 of 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.

Patient Name: _____

Signature: _____

If other than patient, relationship: _____

Date: _____

For Office Use Only:

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

- The Patient refused to sign
- Communication barriers
- Emergency situation
- Other _____

Signature _____ Date: _____