ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Susan L. Sockwell DMD, PC
104 Ansley Dr.
Dahlonega, GA 30533

My signature confirms that I have been informed of my rights to privacy regarding my protected dental 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, including the staff of Dr. Sockwell, who may be involved in that treatment directly or indirectly
- Obtain payment from third-party payers for my dental care services
- Conduct normal health care 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 *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 authorize the staff of Susan L. Sockwell DMD to:

- Communicate with me regarding appointments, referral to other providers, my account or any other reason regarding my dental care by leaving messages on my voicemail (cell or home), text messages and/or email
- Communicate my appointment schedule, financial account, and medical record with (Name)_____, (Relationship)_____ either in person or one of the above listed forms of communication.
- This acknowledgement will remain in effect until I change/revoke it in writing to Dr. Sockwell.

Patient Name: _____ Chart #:_____

Signature: _____ Date:_____

Relationship to Patient (if minor): _____

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For Office Use Only

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

- □ The patient refused to sign
- □ Communication barriers
- □ Emergency Situation
- □ Other: _____