Dahlonega Dentistry
Dr. Jin Zeng, DDS
104 Ansley Drive, Dahlonega, GA 30533 • Office: (706) 867-9553

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

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) and applicable federal confidentiality laws, including 42 CFR Part 2 when substance use disorder (SUD) treatment information is involved. I understand that this information can and will be used to provide and coordinate my treatment among several health care providers, including the staff of Dahlonega Dentistry, 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, improvement activities and administrative functions.

I have been informed and understand my dental provider's **Notice of Privacy Practices,** which contains a complete description of the uses and disclosures of my protected health information (PHI), including any SUD related information protected under 42 CFR Part 2. I have been given the right to review and receive a copy of such Notice of Privacy Practices.

- Dahlonega Dentistry may **not** disclose any SUD-related information protected by 42 CFR Part 2 for use in civil, criminal, administrative, or legislative proceedings against me without my written consent or a court order that meets federal requirements.
- Information disclosed to others may no longer be protected under HIPPA but **continues to be protected by 42 CFR Part 2** if it is SUD -related.
- I have the right to request restrictions on how my information is used or disclosed, including restrictions related to SUD information, and to request an accounting of disclosures.
- 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.

I authorize the staff of Dahlonega Dentistry to communicate with me regarding appointments, referrals 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

This acknowledgement will remain in effect until I change/revoke it in writing to Dahlonega Dentistry.

Patient Name: _____

Signature: _____

Date: _____

Relationship to Patient (if minor): _____

- For Office Use Only **********

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

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