

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge 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 have been informed of Dr. Vahid Atabakhsh's *Statement of Privacy Practices* containing a more complete, detailed description of the uses and disclosures of my protected health information. The *Statement of Privacy Practices* describes in detail the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services or in the performance of office health care operations. The *Statement of Privacy Practices* also describes my rights and the responsibilities and duties of this office with respect to my protected health information.

I have been given the right to review and receive a copy of such *Statement of Privacy Practices*. Vahid Atabakhsh, DDS reserves the right to change the privacy practices that are described in the *Statement of Privacy Practices*. I may contact his office at any time to request a copy of the current *Statement 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 health care operations. I also 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.

My signature confirms that I have been informed of my rights to privacy under HIPPA. I have also indicated any other persons, if any, I would allow to have access to my personal health information in the space below.

Printed Name of Patient

Signature of Patient or Legal Guardian

Date

Relationship to Patient

Family members or any other persons covered by this acknowledgement:

OFFICE USE ONLY BELOW THIS LINE

Record of Acknowledgement:

Provided Prior to Treatment? Yes No

Date Provided: _____

By (initial): _____

Record of Acknowledgement Not Obtained:

- Reason for Denial: Needed more time to review *Statement of Privacy Practices*
 Wanted to consult with another person before signing
 Communication barrier
 Emergency situation
 Reason not given
 Other (explain): _____