Lancaster SMILES
Family & Cosmetic Dentistry

Michael E. Funk, DMD
2359 Oregon Pike, Suite 102
Lancaster, PA 17601
(717) 394-3592
www.lancastersmilespc.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I attest the "Notice of Privacy Practices" was made available to me.

_____

(Print Patient Name) (Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our "Notice of Privacy Practices" but acknowledgement could not be obtained because:

- ⌗ Individual refused to sign
- ⌗ An emergency situation prevented us from obtaining acknowledgement
- ⌗ Communication barriers prohibited obtaining the acknowledgement
- ⌗ Other (Please specify):

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

We will use your address and phone numbers of record to contact you unless you specify otherwise:

_____

The following individuals may be contacted to discuss my dental care if necessary:

Name(s): Relationship: Phone:

1._____

2._____

3._____

This information will be considered current & valid unless otherwise notified.

_____ _____ _____

Patient or Legal Guardian Signature Print Name Date