



***Patient HIPAA Acknowledgment Form***

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements, we are giving you a copy of our Notice of Privacy Practices, upon your request. This Notice of Privacy Practices contains the following that HIPAA requires us to disclose regarding our privacy practice.

Existing Michigan Law requires (in addition to our attempt to obtain your written acknowledgement, discussed above) us to first obtain written consent prior to disclosing any of your information except for our disclosures in connection with:

- A defense to a claim challenging our professional competence
- A review entity's functions
- A claim for payment of fees
- A third party payer's examination of our records
- A court order as part of a criminal investigation
- An identification of a dead body
- A licensure investigation or child abuse/neglect investigation

From time to time it may be necessary for us to make disclosures of your information in connection with your treatment. For example, we may make a referral to or consult with another dentist or other health care professional, provide specimen to a laboratory for testing or otherwise make disclosures of your information in connection with providing or coordinating your treatment.

I acknowledge that I have read and understand all of the above information.

Patient Name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_