

Barnes Dental Care
Spencer P Barnes DDS PC.

**Acknowledgement of Receipt of HIPAA Notice of Privacy Practices & Consent/Limited
Authorization & Release Forms for its Dental Practice Customers**

Last Updated March 15th, 2017, Expires December 31st, 2025 *unless patient revokes consent

I acknowledge that I have received a copy of this Dental Practice's currently effective **HIPAA Notice of Privacy Practices**. **MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO OTHER ATTENDING DOCTOR/FACILITIES IN THE FUTURE.**

Patient Name (Please Print)

Date

Patient Signature

OR

Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other: _____

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION (This includes parents (if patient is over 18), grandparents and any caretakers who can have access to this patient's records):

Name

Relationship

Name

Relationship

I AUTHORIZE CONTACT FROM THIS OFFICE TO **CONFIRM MY APPOINTMENTS, TREATMENT & BILLING INFORMATION** VIA:

- | | |
|--|---|
| <input type="checkbox"/> Cell Phone Confirmation | <input type="checkbox"/> Text Message to Cell Phone |
| <input type="checkbox"/> Home Phone Confirmation | <input type="checkbox"/> Email Confirmation |
| <input type="checkbox"/> Work Phone Confirmation | <input type="checkbox"/> Any of the Above |

I AUTHORIZE **INFORMATION ABOUT MY HEALTH** BE CONVEYED VIA:

- | | |
|--|---|
| <input type="checkbox"/> Cell Phone Confirmation | <input type="checkbox"/> Text Message to Cell Phone |
| <input type="checkbox"/> Home Phone Confirmation | <input type="checkbox"/> Email Confirmation |
| <input type="checkbox"/> Work Phone Confirmation | <input type="checkbox"/> Any of the Above |

Please Note: It is your right to refuse to sign this Acknowledgement.

In refusing to sign we may not be allowed to process your insurance claims and any charges incurred will be your responsibility.

Dental Office Use Only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

- An emergency prevented us from obtaining acknowledgement.
- A communication barrier prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- Other: _____

Staff Member Signature

Date