

Long Grove Dental

4160 Mc Henry Rd, Suite #102 • Long Grove, IL 60047
Phone: (847) 634-0808 • Fax: (847) 634-1654 • www.longgrovedental.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA").

I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly.
- Obtain payment from third-party vendors.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have read and understand your Notice of Privacy Practices containing a complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy from time to time and that I may contact this organization at any time and obtain a copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private dental information is used or disclosed to carry treatment, payment or health care options. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office, attention Privacy Office.
- Information used or disclosed pursuant to the authorization may be subjected to redisclosure by the recipient and no longer be protected by HIPAA.
- I may refuse to sign this authorization and that you will not continue treatment or payment on me providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment).

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PATIENT ACKNOWLEDGMENT FORM

Our Notice of Privacy Practices (“Notice”) provides information about: (1) the privacy rights of our patients; and (2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representative our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to LGD@longgrovedental.com.

By signing this form, you are only acknowledging that you have been provided our Notice.

Signature of Patient or Authorization Representative

Date of Signature

Print Name of Patient/Authorized Representative

Date of Birth of the Patient

Signature of Parent/ Legal Guardian/Legal Representative

Date of Signature

Parent/ Legal Guardian/Legal Representative
Printed Name

Relationship to Patient