

PRIME DENTAL CARE - USA

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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 treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly or indirectly, Obtain payment from designated third-party payers, Conduct normal health care operations such as quality assessments or evaluations, and physician certifications.

I have been informed by PRIME DENTAL CARE USA - Notice of Privacy Practices that contains a more complete description of the uses and disclosures of my health information (available at PRIME DENTAL CARE USA website or in office).

I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that PRIME DENTAL CARE - USA has the right to change its Notice of Privacy Practices from time to time and that I may contact PRIME DENTAL CARE - USA at any time to obtain a current copy of the Notices of Privacy Practices. I understand that I may request in writing that PRIME DENTAL CARE - USA restricts how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand PRIME DENTAL CARE - USA is not required to agree to my requested restrictions, but if PRIME DENTAL CARE – USA does agree, then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that PRIME DENTAL CARE – USA has taken action relying on this consent.

By Signing Below, I acknowledge that I received, read, understood and agreed with PRIME DENTAL CARE - USA Notice of Privacy Practices.

Patient name or legal Guardian: _____

Signature: _____

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
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency prevented us from obtaining acknowledgement
- ☐ Other (Please Specify) _____