

**ACKNOWLEDGEMENT OF
PRIVACY PRACTICES**

Buhl Orthodontics, Inc.
9 South Main Street
Jasper, GA 30143
(706)692-7989

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers for my health care services
- Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of my orthodontic provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices*. I understand that my orthodontic provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

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

Name: _____ Date: _____

Signature: _____

*Please list all minor family members who would be covered by this acknowledgement:

_____ Relation to Patient: _____

_____ Relation to Patient: _____

_____ Relation to Patient: _____

_____ Relation to Patient: _____

For office use only:

We were unable to obtain the patient's written acknowledgment of our Notice of Private Practices due to the following reasons:
(circle one)

- The patient refused to sign
- Communication barriers
- Emergency situation: _____ Employee name: _____
- Other, Explain: _____

_____ Date: _____