

*Thompson Ray Bogert, DDS*

1220 Clear Lake City Blvd.

Houston, Texas 77062

281-480-8877

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

**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 that treatment directly and indirectly.**
- **Obtain payment from third-party payers.**
- **Conduct normal healthcare operations such as quality assessments and customer service.**

**I have received, read and understand your Notice of Privacy Practices concerning a more 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 Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.**

**FOR THE PRIVACY OF OUR PATIENTS AND STAFF, WE ASK THAT NO VIDEOS OR PHOTOS  
BE TAKEN IN OUR OFFICE. THANK YOU FOR YOUR COOPERATION.**

**PATIENT NAME ( PRINT ) \_\_\_\_\_**

**Relationship to Patient: \_\_\_\_\_**

**Signature of Parent : \_\_\_\_\_**

**Date: \_\_\_\_\_**