

## Dr. Jeon's Implant Dentistry

2421 E. Tudor Rd # 101

Anchorage, AK 99507

(907) 677-1212/Fax (907) 677-1247

### NOTICE OF PRIVACY PRACTICES

**(Please Read carefully and Take this with you)**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) we are required to inform you of our privacy policy. We use personal and health information you provide us to assess your condition and provide treatment within our office. Only the doctor and employees have access to your personal and health information. Your information will not be released to outside parties without your consent. Your information will not be provided to outside parties for non-medically related purposes.

We may provide your information to Insurance Plans, 3<sup>rd</sup> Party Billing Services, or Direct Reimbursement Plans for payment. We may provide your information to collection services. We may provide your information to pharmacies for drug prescription services. We may provide your information to health care providers for consultation purposes, or referrals.

You have a right to a written copy of our privacy policy.  
You have a right to see, amend, and get copies of your records.  
You have a right to complain about privacy violations.  
Your consent must be obtained before the information in your records can be disclosed for treatment, payment, or any health care operations.

If you want more information about our privacy practices, have questions or concerns, or if you are concerned that we may have violated your privacy rights, please contact: **Contact Officer for this Dental Office 907-677-1212**

By signing the Acknowledgement of receipt form, you have given us permission to release your personal and health information for health care and dental consultations and referrals, billing, collections, and drug prescriptions. If you refuse to sign the Acknowledge of Receipt form, we will not be able to utilize your dental insurance as a means of payment.

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2421 E. Tudor Rd. Suite # 101  
Anchorage, AK 99507  
Tel (907) 677-1212/ Fax (907) 677-1247

**Signature of patient, parent or guardian**

## **PRIVACY PRACTICES ACKNOWLEDGEMENT**

You May Refuse to Sign This Acknowledgement

I, \_\_\_\_\_ have received the Notice of Privacy Practices, and I have been provided an opportunity to review it.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### **For Office Use Only**

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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 situation prevented us from obtaining acknowledgement
- ( ) Other (Please Specify)

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