

****RETURN TO RECEPTIONIST****

The Dental Center

HIPAA

HIPAA is a new federal government regulation, which contains rules about how we can use your medical information with, and without your prior permission. It also gives patients rights with respect to the privacy of their medical information. We are obligated by law to make available to you Notice of Privacy Practices, which explains our duties and your rights, and to get a written acknowledgement from you that you have received this information. It is therefore necessary for you to sign this form below and we ask your cooperation in this regard.

To learn more about HIPAA, you may visit the United States Department of Health and Human Services' website at:

www.aspe.hhs.gov/administration/index.htm.

I understand a copy of The Dental Center's Notice of Privacy Practice is available for my review.

Name (sign) _____

Date _____