

HIPPA CONSENT FORM

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for privacy. The rule was also created in order to provide a standard for certain health care providers to obtain a patient's consent for uses and disclosure for health information regarding the patient in order to perform treatment plans, payments, or other health care operations. As our patient, we want you to know that we respect your privacy and strictly enforce the rules. Furthermore, you may refuse to consent to the use of disclosure of your health information. However, this must be in writing. Under the law we have the right to refuse to treat you.

I, _____ understand the above; and/or have read/received a copy of the Florida Department of Health notice of privacy practices which this dental office *strictly follows*.

(Print Name of Responsible Party)

(Print Name of Patient)

(Signature of Responsible Party)

(Date)

Staff Member Initials: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but could not be obtained because:

- Patient refused to sign a consent form.
- Communication barriers prohibited obtaining acknowledgement.
- An *emergency* situation prevented us from obtaining acknowledgement.
- Other (please specify): _____