

Acknowledgement of Receipt of Notice of Privacy Practices

Smyrna Family Dentistry

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

Thank you for your time.

For Office Use Only

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)

Notice of Privacy Practices

Dr. Scott Marshall & Dr. Barbara Williford

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

We feel it is our duty to provide you with the highest quality of dental care and protect your health information.

Your Rights:

- ❖ You have the right to request and receive a copy of your health information.
- ❖ You have a right to know the instances in which we have disclosed your personal health information for treatment, payment, and healthcare operations.
- ❖ You have the right to request that we place additional restrictions on our use of your personal health information.
- ❖ You have the right to request that we communicate with you about your health information by alternative means.

Possible Disclosures of Health Information:

- ❖ We may need to disclose your health information to a physician or other healthcare provider providing treatment to you.
- ❖ When you have insurance benefits to assist with the cost of dental care we will need to disclose your health information to obtain payment from your insurance company.
- ❖ In the case of emergency circumstances we may have to disclose your health information to your family member or your personal representative.
- ❖ We will not use or sell your health information for any marketing purposes.
- ❖ In extreme and rare circumstances we may be required by law to disclose your health information if you are a victim of abuse, neglect, domestic violence or the victim of other crimes.

We will be happy to address any additional concerns, questions, or complaints regarding our privacy practices. Our mission is to protect your health information and provide you with the best dental care available.