COOL SPRINGS FAMILY DENTISTRY, PLLC *@ Moore's Lane*

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file a complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Dr. Kathryn Spencer Phone: 615-942-7911 Email: coolspringsdentistry@gmail.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I have received a copy of Cool Springs Dentistry's Notice of Privacy Practices. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of a collection agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including collection agency and attorney fees and court costs incurred. I give permission to be contacted by Cool Springs Family Dentistry or a 3rd party by cell phone with billing and collections issues.

(Please Print Name)

(Signature)

(Date)

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

□ Communication barriers prohibited obtaining the acknowledgement

 $\hfill\square$ An emergency situation prohibited us from obtaining the acknowledgement

□ Other (Please Specify)