

Pampa Dental Arts, PLLC
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Pampa, Texas 79065
(806) 665-0921

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

A copy of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information has been made available to me. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name (Printed): _____

Relationship to Patient: _____

Signature: X _____

Date: _____

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize Chris Mohr, DDS, Diana Mohr, DDS and their staff members to discuss and/or release information regarding my dental treatment, records and bills to the individuals listed below until such time I revoke the authorization in writing.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date: _____ Initials: _____ Reason: _____