HIPAA PRIVACY NOTICE - PATIENT ACKNOWLEDGEMENT

Patricia L. DeCino, DDS, PC
Carley J. Janda, DDS
DeCino Family Dentistry
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303-237-3640

The Federal Government requires that your Personal Health Information (PHI) stored in your medical /dental record remains private, confidential, and absolutely not available to anyone without your expressed written consent. Our medical/dental record of your care remains the property of Patricia L. DeCino, DDS, PC (DeCino Family Dentistry). The state of Colorado does support this law. Forms are used for you to authorize in writing the release of a copy of your specific medical/dental records to another physician, medical/dental practice, pharmacies, and insurance companies; for the purpose of Health Care Operations, Treatment and Payment.

I, _____, (patient, guardian or responsible party), acknowledge that I have received, read and agreed to, a copy of Patricia L. DeCino, DDS, PC's (the practice's notice - The "Notice") Notice of Privacy Practices for Protected Health Information / HIPAA Patient Acknowledgement document regarding protection of Personal Health Information on (today's date) _____.

Patient Name (please print): _____

Signature of Patient/Guardian/Responsible Party: _____

HIPAA RELEASE INFORMATION

I give Patricia L. DeCino, DDS, PC and Carley J. Janda, DDS (DeCino Family Dentistry) authorization to disclose protected personal health information about my appointments/care/records with the following individual listed below:

[ ] Spouse/Partner: _____
[ ] Child(ren): _____
[ ] Other: _____

[ ] Information may not be released to anyone, aside from those required by HIPAA laws/rules.

This release will remain in effect until terminated by myself in written consent.

Patient/Guardian/Responsible Party: _____ Date: _____

Witness: _____ Date: _____