

HIPPA PRIVACY NOTICE - PATIENT ACKNOWLEDGEMENT

**Patricia L. DeCino, DDS, PC
Emily A. Lund, DDS
DeCino Family Dentistry
950 Wadsworth Blvd., Suite 207
Lakewood, CO 80214
303-237-3640**

The Federal Government requires that your Personal Health Information (PHI) stored in your medical/dental records remain 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 / HIPPA Patient Acknowledgement document regarding protection of Personal Health Information on (today's date) _____

Patient Name (please print): _____

Signature of Patient/Guardian/Responsible Party: _____

HIPPA RELEASE INFORMATION

I give Patricia L. DeCino, DDS, PC, and Emily A. Lund, 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 HIPPA laws/rules.

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

Patient/Guardian/Responsible Party: _____ Date: _____

Witness: _____ Date: _____