

**MARK W. TODD, D.M.D.**

**NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGEMENT FORM**

**I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

**PATIENT RECORD OF DISCLOSURES**

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**I wish to be contacted in the following manner (check all that apply):**

- Home Telephone:**  
\_\_\_\_ O.K. to leave message with spouse or other family member  
\_\_\_\_ O.K. to leave message on machine with detailed information  
\_\_\_\_ Leave message with call-back number only
- Work Telephone:**  
\_\_\_\_ O.K. to leave message with detailed information  
\_\_\_\_ Leave message with call-back number only
- Written Communication:**  
\_\_\_\_ O.K. to mail to my home address  
\_\_\_\_ O.K. to mail to my work/office address  
\_\_\_\_ O.K. to fax to this number
- Other:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Patient Signature :** \_\_\_\_\_

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

**NOTE: Uses and disclosures for TPO may be permitted without prior consent in an emergency.**

**Record of Disclosures of Protected Health Information**

Date	Disclosed to Whom/Address/Fax	(1)	Description/Purpose of Disclosure	By Whom	(2)	(3)

- (1) Check this box if the disclosure is authorized.
- (2) Type Key: T = Treatment Records; P = Payment Information. O = Other
- (3) Enter how disclosure was made: F = Fax; P = Phone; E = E-mail; M = Mail; O = Other