

Daniel J. Mahar, D.D.S.
South Wake Oral Surgery and Dental Implants

Acknowledgement of Receipt of Notice of Privacy Practices

You may Refuse to Sign This Acknowledgement

I, _____, have received a copy of South Wake Oral Surgery and Dental Implants' Notice of Privacy Practices.

Patient Signature	Date
(Please print name of person signing, Patient or Parent, if Minor)	Date

PATIENT DISCLOSURE INSTRUCTIONS

In general, the HIPAA privacy rule gives the individuals the right to request 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 individuals home.

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

- 1. _____ Home telephone
 - a. _____ O.K. to leave message with detailed information
 - b. _____ Leave message with call-back number only
- 2. _____ Work telephone
 - a. _____ O.K. to leave message with detailed information
 - b. _____ Leave message with call-back number only
- 3. _____ Written Communication
 - a. _____ O.K. to mail my home address
 - b. _____ O.K. to mail my work/ office address
 - c. _____ O.K. to fax to the number indicated _____
 - d. _____ O.K. to email to: _____
 - e. _____ Other: _____

I allow you to give my clinical information to or answer questions from (check all that apply):

_____ Spouse _____ Parent _____ Step Parent _____ Child Name: _____
_____ Other: _____ _____ None

Patient Signature	Date
(Please print name of person signing, Patient or Parent, if Minor)	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 acknowledgement.
 - An emergency situation prevented us from obtaining acknowledgement.
 - Other (Please Specify)
-
-