

# HIPAA Acknowledgment & Dental Materials Fact Sheet

<<db\_date>>

## Surfside Dental

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### HIPAA:

I, <<patient\_full\_name>> authorize the professional office of my dentist named above to release health information identifying me [including if applicable, information about HIV infection or AIDS, information about substance abuse treatment, and information about mental health services] to referral doctors & insurance companies, as required or requested.

Your authorization signature is completely voluntary and optional. Treatment will not be withheld if you choose not to sign this authorization.

If you sign this authorization, you can revoke it at any time. The only exception to your right to revoke is if we have already acted in reliance upon the authorization. If you choose to revoke your authorization, send us a written or electronic note telling us that your authorization is revoked.

When your health information is disclosed as provided in this authorization, you should know that the recipient often has no legal duty to protect its confidentiality. In many cases, the recipient may re-disclose the information as he/she wishes. State or federal law may apply to affect that eventuality.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN THIS FORM.

### Materials Fact Sheet:

I, <<patient\_full\_name>> acknowledge that the Materials Fact Sheet, describing the materials we use in this office, has been made available to me.

**I, <<patient\_full\_name>>, have read this acknowledgement of Privacy Practices and/or received a copy of the Dental Materials Fact Sheet dated May 14, 2004**

**Patient Name: <<first\_name>> <<last\_name>>**

**Date: <<db\_date>>**