

**DR. MARK HERZOG, DMD
ISSAQUAH DENTAL HEALTH
6520 226th PL SE, Suite 200
ISSAQUAH, WA 98027**

**ACKNOWLEDGMENT OF PRIVACY
PRACTICES**

My signature confirms that I have been informed of my rights to privacy regarding my Protected health information under the Health Insurance Portability & Accountability Act of 1996 (HIPPA). I understand that this information can and will be used to:

- ** Provide and coordinate my treatment among a number of health care providers who may
Be involved in that treatment directly and indirectly**
- ** Obtain payment from third party payers for my health care services**
- ** Conduct normal health care operations such as quality assessment and improvement
Activities**

I have been informed of my dental provider's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such Notice of Privacy Practices and that I may contact this office at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment payment or health care operations. I understand that you are not required to agree to my requested restrictions, but if you do agree you are bound to abide by such restrictions.

PATIENT NAME	DATE
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SIGNATURE	RELATIONSHIP TO PATIENT
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Dependent family members also covered by this acknowledgment:

OFFICE USE:

We were unable to obtain the patient's written acknowledgment of our Notice of Privacy Practices due to the following reason:

Patient refused to sign

Emergency situation

Communication barriers

Other
