

HIPAA OMNIBUS RULE

DENTAL ARTS OF BEDFORD PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE AND CONSENT/LIMITED AUTHORIZATION & RELEASE FORM

You may refuse to sign this acknowledgement & authorization. In refusing we may not be allowed to process your insurance claims.

Date: _____

The undersigned acknowledges receipt of a copy for the currently effective Notice of Privacy Practices for Dental Arts of Bedford. A copy of this signed, dated document shall be as effective as the original. MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO OTHER ATTENDING DOCTOR / FACILITIES IN THE FUTURE.

Please print your name

Please sign your name

Legal Representative

Description of Authority

Dependents: _____

Your comments regarding Acknowledgements or Consents: _____

HOW DO YOU WANT TO BE ADDRESSED WHEN SUMMONED FROM RECEPTION AREA:

First name only Proper sir name Other: _____

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION:

{This includes step parents, grandparents and any care takers who can have access to this patient's records}:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I AUTHORIZE CONTACT FROM DENTAL ARTS OF BEDFORD TO CONFIRM MY APPOINTMENTS, TREATMENT & BILLING INFORMATION VIA:

Cell phone confirmation Text message to my cell phone Home phone confirmation
 Work phone confirmation Email confirmation Any of the above

I AUTHORIZE INFORMATION ABOUT MY HEALTH BE CONVEYED VIA:

Cell phone confirmation Text message to my cell phone Home phone confirmation
 Work phone confirmation Email confirmation Any of the above

If email acceptable – email address: _____

In signing this HIPAA Patient Acknowledgement Form, you acknowledge and authorize, that this office may recommend products or services to promote your improved health. This office may or may not receive third party remuneration from these affiliated companies. We, under current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

Office Use Only

As Privacy Officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement but did not because:

- It was emergency treatment
- I could not communicate with the patient
- The patient refused to sign
- The patient was unable to sign because _____
- Other _____

Signature of Privacy Officer