

NOTICE OF PRIVACY PRACTICES

ANDREW C. SHENG, DMD

MARC WAKI, DDS and MARC TULLY, DMD

1418 W. 25th Street, San Pedro, CA 90732 310-547-4413

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Probability and Accountability Act of 1996 (HIPPA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- > Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- > Obtaining payment from third party payers (e.g. my insurance company);
- > The day-to-day healthcare operations of your practice.

I have also been informed of, and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPPA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Please PRINT your name: _____

PRINT patient's name - if different: _____

Your relationship to the patient: _____ (parent? caregiver? other?)

I have received a copy of this office's "NOTICE OF PRIVACY PRACTICES": _____ (initial)OR.....

I may refuse to sign this Acknowledgement of Receipt of Notice of Privacy Practices _____ (initial)

I acknowledge that I have received a copy of the Dental Materials Fact Sheet dated 10-17-2001: _____ (initial)

YOUR signature: _____ Date: ____ / ____ / 20 ____

FOR OFFICE USE ONLY

We attempted to obtain written Acknowledgement of our Notice of Privacy Practices, but could not be obtained because:

- ____ Individual refused to sign.
- ____ Communication barriers prohibited obtaining Acknowledgement.
- ____ An emergency situation prevented us from obtaining Acknowledgement.
- ____ Other: specify: _____

Office person's legible signature: _____ Date: _____