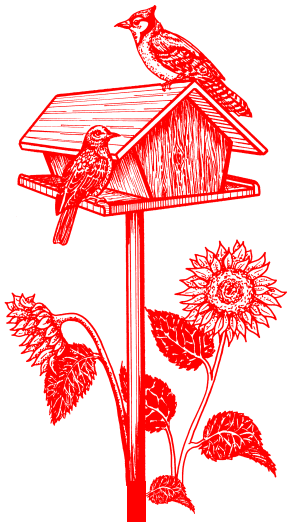
Dental Health of Silver Spring

General Dentistry
Dennis J. Red, M.S., D.M.D.
Joann L. Frey, D.D.S.
Eric M. Geister, D.D.S.



OUR POLICIES REGARDING THE PRIVACY OF YOUR INFORMATION

Dear Patient/Parent:

New government regulations regarding the protection of the privacy of your health information requires that we inform you of the Privacy Practices adhered to by our office.

In addition we must have acknowledgment that you have received this information and your consent to use this information for the purposes of your treatment.

1. **THE NOTICE OF PRIVACY PRACTICES AND USES AND DISCLOSURES OF HEALTH INFORMATION** - This form outlines our Privacy Practices and your rights as a patient. Please READ this in its entirety.
2. **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:** This form acknowledges that you have received and read the above form. We need you to **SIGN** this form **TODAY** and return it to our staff to be kept in your file.

Thank you for your cooperation in this matter. This is very important for us to be able to continue your treatment.

11 Flowers Drive, Suite 100, Mechanicsburg, Pennsylvania 17050
Telephone: (717) 766-0600 • Fax: (717) 766-0668

HIPAA INDIVIDUAL ACKNOWLEDGMENT OF PRIVACY PRACTICES

By signing this form, I am indicating that I have been provided a copy of Dental Health of Silver Spring's Notice of Privacy Practices related to health information to read. I understand that the Notice is subject to change, and I can obtain a current Notice by contacting Dental Health of Silver Spring.

Patient Name:

_____

Who may we share this information with:

_____

_____

_____

Signature _____

Date _____

I am the _____ **Patient**

_____ **Parent/Guardian**

_____ **Other** **Name** _____

Relationship _____

It is OK for spouse/parent/guardian to have access to billing information

_____ **YES**

_____ **NO**

If no, a new account which you are solely responsible for will be set up.