

Stokke Family Dentistry, PLLC

112 S. 1st Avenue

Laurel, MT 59044

Acknowledgment of Receipt of Notice of Privacy Practice

You may refuse to sign this Acknowledgment

I, _____, understand that as part of my healthcare, this practice originates and maintains health records describing my health history, symptoms, examination and test results, procedures, and diagnoses, and treatment plans for future care.

I have been provided with a copy of this office's Notice of Privacy Practice I understand that I have the right to review the notice prior to signing this consent. I also understand that Stokke Family Dentistry, PLLC reserves the right to change their notice and practices and I will be notified of these changes. I understand that I have the right to place additional restrictions on the use or disclosure of my health information. I also understand that Stokke Family Dentistry, PLLC is not required to agree to the restrictions requested.

Date _____

Printed name of patient _____

Printed name of patient representative _____

Signature of patient or patient's representative _____

Relationship to patient _____

USE/RESTRICTION OF PATIENT INFORMATION

In general, the HIPPA privacy rules gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications of PHI be made by alternative means.

I wish to be contacted in the following manner (check all that apply):

___ Home Telephone _____ O.K. to leave detailed message

___ Cell Telephone _____ O.K. to leave detailed message

___ Work Telephone _____ O.K. to leave detailed message

___ O.K. to E-mail To: _____

___ O.K. to verbally communicate with (Please Print Names):

I am aware that there is some risk in third party communications. _____ Please Initial.

It is the patient's responsibility to provide updates or changes to this information

The Privacy Rule generally requires health providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses of disclosure made pursuant to an authorization requested by the individual.

Note: Uses and disclosures of Treatment, Payment, and Healthcare Operations (TPHO) may be permitted without prior consent in an emergency.