

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

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I acknowledge that I have been informed of the *Notice of Privacy Practices* for Pine Lake Dental Care, the dental office of Dr. Christopher C. Robertson, DDS, PS and Dr. Kimchi L. Phan, DDS. I have been given the right to review and receive a copy of the *Notice of Privacy Practices*. The *Notice of Privacy Practices* describes the types of uses and disclosures of my protected health information that might occur in **my treatment, payment for services or in the performance of health care operations.**

We reserve the right to change practices that are described in the *Notice of Privacy Practices*. If privacy practices change, I will be offered a copy of the *revised Notice of Privacy Practices* at the time of my first visit after the changes become effective. I may also obtain a *revised Notice of Privacy Practices* by requesting that one be mailed to me.

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 also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

**In addition to the allowable disclosures described in the *Notice of Privacy Practices*, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below, if necessary:**

Any member of my immediate family	Yes	No
Spouse only	Yes	No
Others (please specify)	Yes	No

Name of Patient: \_\_\_\_\_

Signature of Patient (or Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Dependent family members also covered by this acknowledgement:

\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

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

- Patient's refusal to sign  
\_\_\_ needed more time to review Notice of Privacy Practices  
\_\_\_ wanted to consult with another person before signing  
\_\_\_ unable to sign
- Communication barrier
- Emergency situation
- Other