

# NOTICE OF PRIVACY PRACTICES

## Acknowledgment of Receipt

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices from  
Dr. Kenneth J. Bagby, D.D.S., P.C.

Signature of patient or patient's representative \_\_\_\_\_ Date \_\_\_\_\_

Printed name of patient \_\_\_\_\_

Printed name of patient's representative \_\_\_\_\_

Relationship to patient \_\_\_\_\_

## USE/RESTRICTION OF PATIENT INFORMATION

In general, the HIPAA 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 or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

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

Home telephone \_\_\_\_\_  
O.K. to leave message with detail information  
Leave message with call-back number only

Written communication  
O.K. to mail to my home address  
O.K. to mail to my work/office address  
O.K. to fax to this number \_\_\_\_\_

Work Telephone \_\_\_\_\_  
O.K. to leave message with detailed information  
Leave message with call-back number only

Verbal communication  
O.K. to release information verbally to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_  
O.K. to leave message with detailed information  
Leave message with call-back number only

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

Signature of patient or patient's representative \_\_\_\_\_ Date \_\_\_\_\_

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 disclosures made pursuant to an authorization requested by the individual.

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