ACKNOWLEDGEMENT
OF PRIVACY PRACTICES

J A Manchester DDS PLLC DBA
Tacoma Prosthodontics
Joshua A. Manchester, DDS, MSD
Ajey Varma, DDS
2302 S. Union Ave. Suite B17
Tacoma, WA 98405
(253) 752-6915

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- ☐ **Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly**
- ☐ **Obtain payment from third-party payers for my health care services**
- ☐ **Conduct normal health care operations such as quality assessment and improvement activities**

I have been informed of my dental provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices*. I understand that my dental provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

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 and I 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.

Patient Name: ___________________________________ Date: __________________________

Signature: ______________________________________

Relationship to Patient: ___________________________

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 the following reason:

☐ **The patient refused to sign** ☐ **Emergency situation**

☐ **Communication barriers** ☐ **Other**