

**Pearly Whites Dental Office  
2200 Grande Blvd Ste. A  
Rio Rancho, NM 87124  
505-891-1500**

**NOTICE OF PRIVACY AKNOWLEDGEMENT**

I understand that, under my Health Insurance Portability & Accountability Act (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare provider who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessment and physicians certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change it *Notice of Privacy Practices* from time to time and that I may contact the organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that Pearly Whites Dental Office restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand Pearly Whites Dental Office is not required to agree to my requested restrictions, but if agreed then is bound to abide by such restrictions.

Patient Name: \_\_\_\_\_  
Signature of Patient or Guardian: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Date: \_\_\_\_\_

**OFFICE USE ONLY**

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

Date: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_