

## Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), 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 providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosure of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and I may contact the organization at any time at the address below 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 and disclosed to carry out treatment, payment, or health care operations. I also understand you are required to agree to my requested restrictions and if you agree then you are bound to abide by such restrictions.

Patient's (or Legal Guardian's) Name	Date
Patient's (or Legal Guardian's) Signature	 Date
It has been explained that we only disclose information that	is relevant to current treatment. I request that health car
	Relationship:
	Relationship:
	Relationship:
Patient's (or Legal Guardian's) Signature	 Date

For up to date Notice of Privacy Policy write to: South River Family & Cosmetic Dentistry Attention: Brenda Eppard, 1305 13th St., Suite D2 Waynesboro, VA 22980