

Green Mountain Sedation & General Dentistry

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South Burlington, VT 05403

Phone: 802-863-3950

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I UNDERSTAND THAT, UNDER THE Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH), I have certain rights to privacy regarding my protected health information. I understand that this information can 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 payors.

Conduct normal healthcare operation such as quality assessments and physician certifications.

I ACKNOWLEDGE THAT I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this Practice has a right to change its Notice of Privacy Practices from time to time and that I may contact this 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 you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand 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: _____

Relationship to Patient: _____

Signature: _____

Date: ____/____/____