

HP HIGHLAND PARK ENDODONTICS

In our efforts to comply with the Health Information Privacy Act, HIPAA, we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends, and co-workers,

Please circle your response to the following:

May we leave messages concerning your appointments / treatment with a co-worker, receptionist or secretary that regularly answers your calls?	YES	NO	N/A
May we leave messages on a voice mail at work?	YES	NO	N/A
May we leave messages on an answering machine at home?	YES	NO	N/A
May we discuss your appointments / treatment with your spouse?	YES	NO	N/A
For any children above the age of 18, still living at home, may we discuss your appointments / treatment with your parent(s) or guardian?	YES	NO	N/A

You must inform us, in writing, of any changes in your directives. This record takes effect April 14, 2003 and will be kept in your file along with your acknowledgement of receipt of your Notice of Privacy Practices.

Signature: _____ Date: _____

Witness: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name	Signature	Date
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For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to Sign
 - Communications baffle prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other (Please Specify) _____
- _____
- _____