

HIPAA PRIVACY FORM 1

Notice of Privacy Practices

Purpose: This form, notice of Privacy Practices, presents the information that federal law requires to give us patients regarding our privacy practice. (Note: this form may need to be changed to reflect the dental practices, particular privacy practices and/or stricter state laws.)

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after August 07, 2023. We must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. We must also have the Notice available at the office for patients to request to take with them. We must post the Notice in our office in a clear and prominent location where it is a reason to expect any patients seeking service from us to be able to read the Notice. Whenever the notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised notice in our office as discussed above.

Signature:

Date:
