



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I attest the "Notice of Privacy Practices" was made available to me.

\_\_\_\_\_  
(Print Patient Name) (Date)

\_\_\_\_\_  
(Print Guarantor Name) (Guarantor Signature)

**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       Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement       Other (Please specify) \_\_\_\_\_

**PATIENT RECORD OF DISCLOSURES**

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home/Cell Telephone: \_\_\_\_\_ / \_\_\_\_\_

- Ok to leave message with detailed information
- Leave message with call-back number only
- Ok to give information to family member or other person

If yes, please specify their name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If yes, please specify their name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Work Telephone:

- Ok to leave message with detailed information
- Leave message with call-back number only

Written Communication

- Ok to mail to my home address
- Ok to mail to my work/office address
- Ok to fax
- I agree to permit discussions of my medical/dental care with my employer or benefits personnel.

The following individuals may be contacted to discuss my medical care if necessary:

Name(s)	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This information will be considered current & valid unless otherwise notified.

\_\_\_\_\_  
Name Signature Date

717-394-3033

190 Good Drive  
Lancaster, Pa 17603  
Fax: 717-394-5378

8194 Adams Drive  
Hummelstown, Pa 17036  
Fax: 717-482-8403

2310 Rothsville Rd  
Lititz, Pa 17543  
Fax: 717-625-2202

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