



St George Family Dental  
 Matthew P St George DDS  
 603 Nichols St. Fulton, MD 65251  
 573-642-6904  
 www.stgeorefamilydental.com

**Acknowledgement of Privacy Practices**

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, and the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers for my health care services
- Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of my dental provider’s *Notice of Privacy Practices* containing a more complex description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices*. I understand that my dental provider has the right to change the *Notice of Privacy Practices* and that I may contact this office 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 and I understand that 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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Dependent family members also covered by this acknowledgement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only:**

We were unable to obtain the patient’s written acknowledgement of our Notice of Privacy Practices due to the following reason:

- The patient refused to sign
- Communication Barriers
- Emergency Situation
- Other