NORTH CANYON
DENTISTRY

Patient Acknowledgement of North Canyon Dentistry HIPAA Notice

Patient's Name:_____

I understand that the patient's health information is private and confidential. I understand that North Canyon Dentistry works hard to protect my/the patient's privacy and to preserve the confidentiality of my/the patient's health information.

I understand the North Canyon Dentistry may use or disclose my/the patient's health information to provide treatment to me/the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be other uses and disclosures of this information unless I permit it.

North Canyon Dentistry has a detailed document called the "Notice of Privacy Practices". It contains more detailed information about how they may use and disclose patient health information and I acknowledge that I have been given the opportunity to review a full copy of this "Notice" and that I may request a copy for my records.

North Canyon Dentistry may update the "Notice of Privacy Practices". If I ask, North Canyon Dentistry will provide me with the most current "Notice of Privacy Practices".

My signature below indicates that I have had an opportunity to review and receive a copy of North Canyon Dentistry's "Notice of Privacy Practices".

_____ _____

patient or (parent, legal guardian) Date

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