



Dentistry that puts your comfort first.

ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Village Dental, Scott A. Broadbent, DDS, PS. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Village Dental, Scott A. Broadbent, DDS, PS reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my Protected Healthcare information to the persons indicated below. (Please circle YES or NO)

ANY MEMBER OF MY IMMEDIATE FAMILY	YES	NO
SPOUSE ONLY	YES	NO
OTHER (PLEASE SPECIFY): _____	YES	NO

Name of Patient /Guardian _____

Signature of Patient/Guardian _____

Date _____

OFFICE USE ONLY BELOW THIS LINE

Record of Acknowledgement not obtained.

Provided prior to treatment YES NO Date Provided: _____

Reason for denial: (Mark with "X" for reason below.)

- Needed more time to review statement of Privacy Practices.
- Wanted to consult with another person before signing.
- Unable to sign.
- Reason not given.
- Other (Explain) : _____

A COPY OF OUR STATEMENT OF PRIVACY PRACTICES IS POSTED IN OUR OFFICE AND AVAILABLE AT ANYTIME UPON REQUEST.