



Privacy is important to us

Acknowledgement of Receipt of Notice of Privacy Policies & Consent for Use & Disclosure of Protected Health information

I received a copy of the Notice of Privacy Practices of Etheridge Dentistry (Kip P. Etheridge, DDS, P.C.). I hereby authorize, as indicated by my signature below, Etheridge Dentistry (Kip P. Etheridge DDS. P.C.) to use and disclose my protected health information (PHI) for any necessary clinical, financial, and insurance purposes, as authorized in the Patient Consent form. With this consent Etheridge Dentistry may mail and/or email to my home or other alternative location any items that assist the practice in carrying out treatment, payment, and healthcare operations (TPO), such as appointment reminders and patient statements. I have the right to request that Etheridge Dentistry restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I understand that I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Etheridge Dentistry may decline to provide treatment to me. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Privacy Officer, Etheridge Dentistry, 736 Capital Ave. S.W., Battle Creek, MI 49015.

Print Name

Address

Signature

Date

Please check your preferred means of communication including but not limited to future appointments:

- Home Number _____
- Work Number _____
- Other: _____

- Mobile Number _____
- Email: _____
- Text: _____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI). Please notify us if you desire to remove a name from this list in the future: **(circle)**

1. _____ Relationship: _____ Date ___ / ___ / ___ added/ removed
2. _____ Relationship: _____ Date ___ / ___ / ___ added/ removed
3. _____ Relationship: _____ Date ___ / ___ / ___ added/ removed
4. _____ Relationship: _____ Date ___ / ___ / ___ Added/ removed

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
- An emergency situation prevented us from obtaining the acknowledgement
- Communication barriers prohibited obtaining the acknowledgement
- Other(please specify): _____

Staff Person Name and Initials: _____