

DAVID R. REICH DDS INC  
HIPAA OMNIBUS RULE

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
AND CONSENT/ LIMITED AUTHORIZATION & RELEASE FORM

You may refuse to sign this acknowledgement & authorization. In refusing we may not be allowed to process your insurance claims.

Date: \_\_\_\_\_

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility.

**MY SIGNATURE WILL ALSO SERVE AS A PROTECTED HEALTH INFORMATION (PHI) DOCUMENT RELEASE SHOULD I REQUEST TREATMENT RECORDS OR RADIOGRAPHS BE SENT TO/FROM OTHER ATTENDING DOCTORS / FACILITIES IN THE FUTURE.**

\_\_\_\_\_  
Please print patient name

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Description of Authority

**(for minors or patients who have Power of Attorney)**

Your comments regarding Acknowledgements or Consents: \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION:  
(This includes step parents, grandparents and any care takers who can have access to this patient's records):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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I AUTHORIZE CONTACT FROM THIS OFFICE TO **CONFIRM MY APPOINTMENTS, TREATMENT & BILLING INFORMATION** VIA:

- Cell Phone  
 Home Phone  
 Work Phone  
 Email Confirmation  
 **Any of the Above**

In signing this HIPAA Patient Acknowledgement Form, you acknowledge and authorize, that this office may recommend products or services to promote your improved health. We, under current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

**Office Use Only**

As Privacy Officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement but did not because:

- It was emergency treatment \_\_\_\_\_  
I could not communicate with the patient \_\_\_\_\_  
The patient refused to sign \_\_\_\_\_  
The patient was unable to sign because \_\_\_\_\_  
Other (please describe) \_\_\_\_\_

\_\_\_\_\_  
Signature of Privacy Officer