



Lafazanos Dental

for the life of your smile

***Lafazanos Dental PC, Health Information Utilization*
HIPAA ** Acknowledgement of Receipt of Notice of Privacy Practices**

Lafazanos Dental may need to utilize your personal health information in the following ways:

- * Physician contact concerning dentally related medical information. ()
- * Other medical/dental contracts concerning dental related information. ()
- * Contact with dental and/or medical laboratories concerning your case. ()

Lafazanos Dental may need to contact you to make or confirm your appointment in the following ways:

- * Calls to your home regarding your appointments. ()
- * Voice messages being left with family members. ()
- * Voice mailbox messages being left at you home. ()
- * Calls to your office regarding your appointments. ()
- * Voice messages left with office personnel at your office. ()
- * Voice mailbox messages being left at your place of work. ()

Please indicate your consent by checking one of the boxes below:

General consent is given to allow Lafazanos Dental PC to provide any or all of the services listed above.

Consent is given to allow for the services identified above. Please place your initials in the brackets () following the services for which you are providing your consent.

Please complete the following:

I. (please print full name) _____, have reviewed the above information and given my consent as indicated above.

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement or receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited us from obtaining acknowledgement

Other (Please Specify):

* In compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations. ** Health Insurance Portability and Accountability Act of 1996, Public Law No. 104- 1191

