

**Anthony Dailley DDS
2999 Regent St. #302 Berkeley, CA 94705**

Notices of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly
- Obtain payment from third party payers.
- Conduct normal health care operations such as quality assessments and physician certifications.

I have received, read, and understand your ***Notice of Privacy Practices*** containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change the ***Notice of Privacy Practices*** from time to time and that I may contact this organization at any time at the address above to obtain a copy of the ***Notice of Privacy Practices***.

I understand that I may request in writing an explanation of how you restrict the use and disclosure of my private information to carry out treatment, payment, or health care operations. I also understand that this organization is not required to agree to my requested restrictions, but if this organization does agree, then this organization is bound to abide by such restrictions.

Patient Acknowledgement of Receipt of Dental Materials Fact Sheet

I acknowledge that a copy of the Dental Materials Fact Sheet, dated May 2004 is available to me in this office should I choose to read it. The same information is also available to me online at www.dbc.ca.gov

By signing below I hereby Acknowledge receipt of the **Notice of Privacy Act** and the **Dental Materials Fact Sheet**.

Patient Name _____

Relationship to Patient _____

Signature _____

Date _____