



1316 SW 13TH AVENUE
 PORTLAND, OR 97201
 (503) 235-0555

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices of this office.

SIGNATURE

Please Note: It is your right to refuse to sign this acknowledgement.

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

ADVANCED DENTAL ARTS NW

RUSSELL C. TEASDALE, D.M.D.

1316 SW 13TH AVENUE, PORTLAND, OR 97201
 (503) 235-0555

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: PATIENT GIVING CONSENT

You can authorize ADANW to discuss information to certain individuals. This gives us permission to discuss any insurance and account related issues as well as taking payments from partners and spouses.

Name and Relationship of Authorized Persons:

SECTION B: TO THE PATIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will *not* affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SIGNATURE

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name & Relationship*

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

Include completed Consent in the patient's chart.

REVOCATION OF CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment activities, and healthcare operations.

I understand that revocation of my Consent will *not* affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

Signature: _____ Date: _____



Since the 2013 Omnibus Final Rule, HIPAA (Health Insurance Portability and Accountability Act of 1996) is requiring all electronic communications (ie: email and text) to be sent secure and protected.

ADANW is protecting the confidentiality and security of all your healthcare information by using RevenueWell, an online patient communication system, and Virtru, an email encryption service, when sending anything electronically.

In the past couple months we have received some complaints from patients that the Virtru emails are hard to open or they are unable to open emails at all from the office.

Under this new HIPAA Omnibus Final Rule, patients have the right to consent to receive normal, unsecured emails from their providers if the provider first informs the patient of the risks and the patient still wants the email.

Free web mail services like Gmail, Yahoo! Mail, Hotmail, and those provided by an Internet Service Provider are not secure. If you, the patient, asks ADANW to send you information at a Gmail, Yahoo! Mail, Hotmail (or similar) account, and you are aware that their system is not secure and ask if you can still have the information sent to you, then it is HIPAA compliant for us to do so for you.

By signing this, you acknowledge that you have been notified of the risks and still prefer unencrypted email's through the Advanced Dental Arts NW domain. **The individual has the right to receive protected health information in that way**, and ADANW is not responsible for unauthorized access of protected health information while in transmission to the individual based on the individual's request. Further, ADANW is not responsible for safeguarding information once delivered to the individual.

I, _____, wish to not receive receive

encrypted email messages from ADANW using the Virtru encryption service. I understand that all communications from the RevenueWell patient communication system are secure and all other emails to referral providers will be sent using Virtru.

Signature

Date

For more information on our online communication system and email encryption service you may visit:

<https://www.virtru.com/faq/how-is-virtru-hipaa-compliant/>

-AND-

<http://www.revenuewell.com/are-automatic-patient-communication-solutions-hipaa-compliant/>