

Confidentiality Acknowledgement

Doctor Copy

Dental Care on Golf Links, PLC

8975 E. Golf Links Rd.

Tucson, AZ 85730

(520)886-6054

I acknowledge that I have received a copy of the Statement of Privacy Practices from Dental Care on Golf Links. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Dental Care on Golf Links reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting one to be mailed to me.

ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

ANY MEMBER OF MY IMMEDIATE FAMILY _____ YES NO

SPOUSE ONLY _____ YES NO

OTHER (Please specify) _____ YES NO

Print Name of Patient or Personal Relative

Signature of Patient or Personal Representative

DATE

Description of Personal Representative's Authority

OFFICE USE ONLY BELOW THIS LINE

RECORD OF ACKNOWLEDGEMENT NOT OBTAINED

Provided prior to treatment? YES NO

Date Provided: _____

- Reason for Denial:
- Need more time to review statement of privacy practices.
 - Wanted to consult with another person before signing.
 - Unable to sign
 - Reason not given
 - Other (Please explain):