

PATIENT ACKNOWLEDGEMENT
医療保険の相互運用性と説明責任に関する法律

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA’s requirements, we are giving you a copy of our Notice of Privacy Practices. This Notice of Privacy Practices contains the information that HIPAA requires us to disclose regarding our privacy practices.

Existing Michigan Law requires(in addition to our attempt to obtain your written acknowledgment, discussed above) us to first obtain your written consent prior to disclosing any of your information except for our disclosures in connection with: a defense to a claim challenging our professional competence; a review entity’s functions; a claim for payment of fees; a third party payer’s examination of our records; a court order as part of a criminal investigation; an identification of a dead body; a licensure investigation; or a child abuse/neglect investigation.

From time to time it may be necessary for us to make disclosures of your information in connection with your treatment. For example, we may make a referral to or consult with another dentist or other health care professional, provide a specimen to a laboratory for testing or otherwise make disclosures of your information in connection with providing or coordinating your treatment.

Please sign this form below that you have received, and /or reviewed the Notice of Privacy Practices. 医療保険サービス提供者、保険請求作成者、健康保険プランによる医療情報への適切なアクセス及び使用を承認致します。

We are going to be communicating by email and text messages in the future.

Please provide your email and phone number to stay informed: 今後の予約確認などEメール・テキストでの連絡を了承致します。

Email

Cell phone number

Signature

Date