

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA OMNIBUS NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's
Notice of Privacy Practices.

{Signature}

{Date}

If I request documents via email, I understand that I can receive them via secure encrypted email or via unencrypted email directly to my email address. For encrypted email, I understand that when I receive the first email, I will be instructed to create an account (at no cost to me) to open the email. My preferred method is:

Please initial your choice below:

_____ Encrypted email _____ Unencrypted email _____ No email

I prefer to have appointment confirmations and post-treatment check-ins by: _____ Phone _____ Email

I prefer to have written correspondence including billing statements by: _____ Mail _____ Email

I authorize you to leave information regarding my care at Upper Valley Endodontics with:

Spouse _____ Child _____
 Parent _____ Other _____

Information that I do not want shared with the above individuals:

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our HIPAA OMNIBUS 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)

Upper Valley Endodontics
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