

Acknowledge of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the offices of Christy A. Kim, DDS, PLLC. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Christy A. Kim, DDS, PLLC reserves 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 that one 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 Healthcare information to the persons indicated below.

Any member of my immediate family YES NO
Spouse only YES NO
Other _____ YES NO
(please specify)

****I give permission to send my private information to this email:** _____

Choose one: Without encryption I prefer encrypted emails including password set-up

****I give permission to leave a voice message regarding my private information at:** () - _____

Printed name of patient or personal representative

Signature of Patient or personal representative

Date

Description of Representatives Authority

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Record of Acknowledgement Not Obtained

Provided Prior to treatment? YES NO Date statement provided: _____

Reason for not obtaining signature?

- Needed more time to review statement of Privacy Practices.
- Wanted to consult with another person before signing statement.
- Unable to sign.
- Reason not given.