

VIVIAN H. BAE, DDS
20710 1st AVE SO
DES MOINES, WA 98198

PRIVACY PRACTICES STATEMENT ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Dr Vivian H. Bae, DDS, Family Dental Care. I understand that the information collected will be used as allowed by the Health Insurance Portability & Accountability Act "HIPAA", of 1996.

The Statement of Privacy Practices describes the types of uses and disclosures of my health information that might occur in my treatment; these include:

- Coordination of treatment between other healthcare providers who may be directly or indirectly involved in the implementation of my case.
- Obtaining payments from third party payers (insurance companies for example) for treatment rendered to me by this practice.
- Conduction and performance of healthcare and office operations.

The Statement of Privacy Practices also describes my rights as a patient of this practice, and the responsibilities and duties of this office with respect to my health information.

The office of Dr Vivian H. Bae reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. However, if privacy practices are changed, I will be offered a copy of the revised edition at the time of my first visit after the revision has taken affect. I understand that I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

I understand that I may request in writing that my provider restrict how my private health information is used or disclosed as it concerns the carrying out of my treatment and the obtaining of financial reimbursement by third party payers. I also understand that that my provider is not required to agree to my requested restrictions, but if said provider does agree to them, is bound to abide by those restrictions.

Name of patient (please print) _____ Date _____

Signature of patient or personal representative _____

BELOW FOR OFFICE USE ONLY

Record of acknowledgement not obtained

- Denial of signature by patient or representative Communication barriers Emergency situation
- Other - _____