

SMILES ON THE BOULEVARD

Notice of HIPAA Privacy Practices

Dr. Lori A. Hawkins
609 Washington Boulevard
Belpre, Oh 45714

I understand that as part of my health care, Smiles on the Boulevard originates and maintains dental health records describing my dental history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that Smiles on the Boulevard HIPAA Privacy Practices provides a complete description of the uses and disclosures of my health information. I understand that:

- I have the right to review Smiles on the Boulevard HIPAA Privacy Practices prior to signing this acknowledgement
- That Smiles on the Boulevard reserves the right to change their HIPAA Privacy Practices and prior to implementation of this will mail a copy of any revised notice to the address I have provided if requested

Print Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communications barriers prohibited obtaining acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (Please specify)

