

**SMILES OF SANTA FE**  
**Michael W. Davis, DDS**  
**1751 Old Pecos Trail, Suite B**  
**Santa Fe, NM 87505**  
**505-988-4448**

**ACKNOWLEDGEMENT OF PRIVACY ACT RULES**

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in the treatment directly and indirectly
- Obtain payment from third-party payers for my health/dental care services
- Conduct normal health/dental care operations such as quality assessment and improvement activities

I have been informed of my dental provider's Notice of Privacy Practices containing a more complete description of the uses and disclosures of the uses and disclosures of my protected health information. I have been given the right to review such Notice of Privacy Practices. I understand that my dental provider has the right to change the Notice of Privacy Practices and that I may contact this office at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Dependent family members also covered by this acknowledgement.

I have been informed of your revised Notice of Privacy Practices on the following date(s):

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

We were unable to obtain the patient's written acknowledgment of our Notice of Privacy Rights due to the following reasons(s):

- The patient refused to sign
- Communication barriers
- Emergency Situation
- Other