



Littleton Family Dental  
*Dentistry for the Entire Family*

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Littleton Family Dental  
5401 South Prince St #101  
Littleton, CO 80120

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and doctor certifications.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand from time to time and that I may contact them at any time 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 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: \_\_\_\_\_

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

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

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

---

### OFFICE USE ONLY

I attempted to obtain the patient's or legally authorized individual's signature on this Notice of Privacy Practices Acknowledgment, but was unable to do as documented below:

**Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Reason:** \_\_\_\_\_