



Authentic Smiles Dental Studio  
211 San Antonio Street  
Austin, TX 78701  
512-330-9403

## Acknowledgement of Privacy Practices

My Signature confirms that I have been informed of my rights to privacy regarding my protected health information under the Health Insurance & Accountability Act of 1966 (HIPAA). I understand that this information can and will be used to:

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

I have been informed that my dental provider's *Notice of Privacy Practices* contain a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of 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.

I understand that I may request in writing that you restrict how my private information is 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.

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Printed Patient/Guardian Name

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Signature of Patient/Guardian

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Date