



**DR. KEN
JOHNSON**
FAMILY DENTISTRY

ACKNOWLEDGEMENT OF PRIVACY RIGHTS

Ken Johnson, DDS
918 E. Park Ave Plaza
Beloit, WI 53511
Phone: (608) 365-9456
www.kenjohnsondds.com
info@kenjohnsondds.com

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 (HIPPA). I understand that this information can and will be used for:

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

I have been informed of my oral health care provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my personal 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 and 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

Provider/Practice Name:
Kenneth R. Johnson, D.D.S.
918 Park Plaza Ave.
Beloit, WI 53511
(608) 365-9456

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**

Date: **Signature**

Date: **Signature**

Date: **Signature**