Swearingen Dental
48959 Calcutta Smith Ferry Road
East Liverpool, OH 43920
330.385.4126

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

PERMISSION TO DISCUSS DENTAL TREATMENT

In the event that you may want a **family member or friend** to discuss your dental treatment with our office, we must have permission/consent in writing from you to do so. In section "**A**" please list any person you give Swearingen Dental permission/consent to discuss your information such as x-rays, account information, treatment, etc.
If you do not wish to give consent to any person, please check section "**B**" below, sign and date the bottom portion of this form. **You must choose one option.**

**** If the patient is a minor, we will discuss dental treatment with either parent or guardian.****

A. ____ I hereby give permission/consent to Swearingen Dental to discuss any and all dental information with the named individuals below.

Name:_____Date of Birth:_____

Name:_____Date of Birth:_____

B. ____ I do not want Swearingen Dental to discuss any of my dental treatment with anyone other than me.

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

I, _____, understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), 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 my 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 physician 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 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 also 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.

Signature:_____Date:_____