

# Turnagain Dental

David Green, DDS, LLC

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## ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF PRIVACY PRACTICES

I acknowledge I have received a copy of the Statement of Privacy Practices for the office of **David Green, DDS, LLC**. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

**David Green, DDS, LLC** reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If the privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting one to be mailed to me.

## ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the person(s) indicated below.

ANY MEMBER OF MY IMMEDIATE FAMILY _____	YES	NO
SPOUSE ONLY _____	YES	NO
OTHER ( <i>Please specify</i> ): _____	YES	NO

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date