

Dr. Alice L. Vessel D.M.D.
685 Citadel Dr. East, Suite 313
Colorado Springs, Colorado 80909
719-574-2424

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I _____, have received a copy of this office's Notice of Privacy Practices. I authorize this office to use personal information regarding myself and my dependents for all billing services, for rendering dental treatment, and for referrals to other dental/medical providers.

_____ I authorize Dr. Alice L. Vessel D.M.D. and staff that they may leave phone messages at my home, on my cell phone, and on email pertaining to all dental concerns regarding myself and my dependents.

_____ I authorize Dr. Alice L. Vessel D.M.D. and staff that they may leave messages at my place of employment pertaining to all dental concerns regarding myself and my dependents.

Email address: _____

Home # _____ Work # _____ Cell # _____

_____ I authorize Dr. Alice L. Vessel D.M.D. and staff that they may discuss any dental concerns regarding myself and my dependents with:

_____ My spouse

_____ Other (please specify) _____ Phone # _____

Please Print Patient Name

Signature of Responsible Party/Guardian

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ an emergency situation prevented us from obtaining acknowledgement

_____ Other (Please Specify) _____

This form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

Allen A. Vessel, D.D.S.,P.C.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED.

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your health information. You may request a copy of our Notice at any time.

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you

Healthcare Operations: We may use and disclose your health information in connection with quality assessment and improvement activities, conducting training programs, accreditation, certification, licensing or credentialing activities.

Persons Involved In Care: We may use health information to notify a family member, or your personal representative, of your location or your general condition. We will also use our professional judgment with the common practice of allowing a person to pick up medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Appointment Reminders: We may use your health information for appointment reminders.

You have the following rights related to your health information:

- > To request restrictions on certain uses of your information
 - > To request that we communicate in a confidential way to you through sealed mail communications.
 - > To read, review, and copy your chart, x-rays and billing records for a fee of **\$25.00** for copy expenses
 - > To ask us for a description of how and where your information was used
 - > To obtain a copy of this Notice of Privacy Practices.
 - > To express complaints to us or to the Secretary of Health and Human Services without the fear of retaliation.
-