Granite Dental
Dr. David Keller
215 NW 78th Street
Vancouver, WA
98665 360.693.2577

Acknowledgement of Receipt of Privacy Practices

I acknowledge that I have receipted a copy of the Notice of Privacy Practices for the office of David A. Keller DDS. The Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office healthcare operations. The Notice of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Notice of Privacy Practices is also posted in the facility.

David A. Keller DDS, reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. If the privacy practices change, I will be offered a copy of the revised Notice of Privacy Practices by requesting that one be mailed to me.

Additional Disclose Authority

In addition to the allowable disclosures described in the Notice of Privacy Practices, I hereby specifically authorize disclose of my protected health information to the persons indicated below:

Any Member of My Immediate Family Yes ◯ No ◯
Spouse Only Yes ◯ No ◯
Other (Please Specify) _____

_____ _____
Name of Patient or Personal Representative Signature of Patient or Personal Representative

_____ _____
Date Description of Personal Representative's Authority

Office Use Only Below This Line .

Record of Acknowledgment Not Obtained

Reason for Denial
Need more time to review Notice of Privacy Practices
Wanted to consult with another person before signing
Unable to sign
Reason not gien
Other (explain)