

FRONT ROYAL DENTAL CARE

Dr. Frederick Broadhead and Dr. Daisy Broadhead

80 W. 4th Street, Front Royal www.frontroyaldentalcare.com 540-635-4567

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have been made aware of Front Royal Dental Care's **Notice of Privacy Practices** and that I have a right to receive a copy upon request. This Notice describes the type of uses and disclosures of my protected health information that might occur during my treatment, to facilitate the payment of my bills or in the performance of Front Royal Dental Care's health care operations. The Notice also describes my rights and Front Royal Dental Care's duties with respect to my protected health information. I understand that copies of the **Notice of Privacy Practices** are available in the registration area. I may request that a copy be mailed or emailed to me by calling **540-635-4567**.

Front Royal Dental Care reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised **Notice of Privacy Practices** by calling the number above and requesting a revised copy be mailed or emailed to me, by asking for one at the time of my next appointment.

Patient's Signature (Legal Guardian, if patient is a minor)

Date

Patient/Relative HIPAA Consent

I, _____, understand that by signing this Consent form, I am giving my consent to Front Royal Dental Care to disclose and discuss my protected health information to carry out treatment, payment activities and health care operations with the following family member(s):

Name(s): _____

Relationship(s): _____

Right to Revoke: You have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Compliance Officer.

Patient's Signature (Legal Guardian, if patient is a minor)

Date