



bonney lake dental center  
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## Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the offices of Bonney Lake Dental Center. 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.

Bonney Lake Dental Center reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If 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 that one 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 Healthcare information to the persons indicated below.

ANY MEMBER OF MY IMMEDIATE FAMILY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SPOUSE ONLY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
OTHER ( <i>PLEASE SPECIFY</i> ):	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

\_\_\_\_\_  
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 Acknowledgement Not Obtained			
PROVIDED PRIOR TO TREATMENT?	YES	<input type="checkbox"/>	DATE STATEMENT PROVIDED: _____
	NO	<input type="checkbox"/>	
REASON FOR NOT OBTAINING SIGNATURE	<input type="checkbox"/>	NEEDED MORE TIME TO REVIEW STATEMENT OF PRIVACY PRACTICES	
	<input type="checkbox"/>	WANTED TO CONSULT WITH ANOTHER PERSON BEFORE SIGNING STATEMENT	
	<input type="checkbox"/>	UNABLE TO SIGN	
	<input type="checkbox"/>	REASON NOT GIVEN	
	OTHER:		
<b>Bonney Lake Dental Center</b> 9925 214 <sup>th</sup> Ave E, Ste A Bonney Lake, WA 98391			