

**Birmingham Dental  
Thomas M. Coburn, D.D.S.  
2151 E. 14 Mile Rd.  
Birmingham, MI 48009  
248-645-2710**

### **Notice of Privacy Practices Acknowledgement**

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I understand that I am able to read your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand the I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Office Use Only**

I attempted to obtain the patient's signature in acknowledgement, but was unable to do so as documented below:

Date \_\_\_\_\_ Intials \_\_\_\_\_ Reason \_\_\_\_\_