



A. CHRISTOPHER BERNARDINI D.D.S.

+718 987 4040 125 Old Town Road - Staten Island, NY 10304 christopherbernardinidds.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENTS

I understand that, under the *Health Insurance Portability and 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 my treatment directly or indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received 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 it.

I understand that 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'S NAME _____

GUARANTOR'S NAME _____

SIGNATURE _____

DATE _____