



### HIPAA 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 healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as the business aspects of running the practice on a daily basis.

I have received, read, and understand 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 to obtain a current copy of the Notice of Privacy Practices. The Notice of Privacy Practices is available at <https://www.cottagehilldental.com/patient-information.html>

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.

I understand that I may revoke this consent at any time, except to the extent that you have taken action relying on this consent.

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Relationship

\_\_\_\_\_

Date

### Telephone Consumer Protection Act (TCPA)

**You agree, in order for us to service your account or to collect monies you may owe, Cottage Hill Dental Health Center, PC, Dr. David A. Norstedt and or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using the email address you provide to use. Methods of contact may include using prerecorded or artificial voice messages and or use of automatic dialing devices, as applicable.**

**I / We have read this disclosure and agree that Cottage Hill Dental Health Center, PC, Dr. David A. Norstedt and or our employees/agents may contact me as described above.**

\_\_\_\_\_

**Responsible Party Signature**

#### *Dental Office Use Only*

I tried to obtain written Acknowledgement by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- \_\_\_ An emergency prevented us from obtaining acknowledgement
- \_\_\_ A communication barrier prevented us from obtaining acknowledgement
- \_\_\_ The individual was unwilling to sign.
- \_\_\_ Other: