

Notice of Privacy Practices Acknowledgement

Perrigo Dental Care
2038 Patton Chapel Road
Birmingham, AL 35216

With my permission, Perrigo Dental Care may use and disclose protected health information (PHI) about me to carry out my treatment, payment and healthcare operations (TPO). 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 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 Perrigo Dental Care at any time to obtain a current copy of the Notice of Privacy Practices.

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 Perrigo Dental Care is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.
