

Smiles of Michigan PC

Patient Acknowledgement and Consent Form

The new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements, we are giving you a copy of our Notice of Privacy Practices. This Notice of Privacy Practices contains the information that HIPPA requires us to disclose our privacy practices.

Existing Michigan Law requires (in addition to our attempt to obtain your written acknowledgement, discussed above) us to first obtain our written consent prior to disclosing any of your information except for our disclosures in connection with a defense to claim challenging our professional competence; a review entity's functions' a claim for payment of fess; a third party payer's examination of our records; a court order as part of a criminal investigation; an identification of a dead body's; a licensure investigation; or a child abuse/neglect investigation.

Patient Acknowledgement

Please sign this form below under the heading "acknowledgement" to acknowledge that you have today received a copy of our notice of privacy practices.

I acknowledge that I have today received a copy of the Notice of Privacy Practices.

Patient (Parent or Legal Guardian Signature)

Patient Name (Please Print)

Date

Patient Consent

Please sign this form below under the head "Consent" to consent to our disclosures of your information that we deem necessary in order to provide you with the proper treatment.

Patient (Parent or Legal Guardian Signature)

Patient Name (Please Print)

Date

FOR OFFICE USE ONLY

Patient Refused to Sign: _____

The following circumstance prohibited the patient from signing the Acknowledgement:

An emergency situation prevented the patient from signing the Acknowledge.

Office Personnel (Signature)

Office Personnel (Print Name)

Date