Dubuque Dental Associates
Dr. Brett Kilburg
Dr. Melanie Stuntz

HIPAA OMNIBUS RULE

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND CONSENT/LIMITED AUTHORIZATION RELEASE FORM

The undersigned acknowledges receipt of the currently effective Notice of Privacy Practices for this health care facility **on this date, ____________________, 2016.** A copy of this signed and dated document shall be as effective as the original. MY SIGNATURE WILL ASLO SERVE AS A PHI (Personal Health Inofrmation) DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO ANOTHER ATTENDING DOCTOR OR HEALTH CARE FACILITY IN THE FUTURE.

Please PRINT PATIENT name ____________________ SIGNATURE ____________________

Legal Representative of Patient (for patients under 18 years) ____________________ Relationship to Patient ____________________

How would you like to be addressed when summoned from the reception area?

☐ First Name Only ☐ Proper Surname ☐ Other ____________________

Please list other parties who can have access to your health information: (This includes step and grandparents, and/or caretakers)

Name ____________________ Relationship ____________________

Name ____________________ Relationship ____________________

Name ____________________ Relationship ____________________

Home Phone **Cell Phone** **eMail Address**

I authorize contact from this office to **confirm** my appointments, treatments or billing information via:

Cell Phone ☐ Home Phone ☐ Work Phone ☐ Email ☐ Text Message ☐ Any/All ☐

I authorize information **regarding my dental health** to be conveyed via:

Cell Phone ☐ Home Phone ☐ Work Phone ☐ Email ☐ Text Message ☐ Any/All ☐

I approve being contacted about **special services, events, fund raising efforts or new health information** on behalf of Dubuque Dental Associates via:

Cell Phone ☐ Home Phone ☐ Email ☐ Text Message ☐ Any/All ☐ None (opt out) ☐

In signing this HIPAA Patient Acknowledgement form, you acknowledge and authorize that this office may recommend products or services to promote your improved health. Dubuque Dental Associates does not receive remuneration from these affiliated companies. We, under the HIPAA Omnibus Rule, provide you this information with your knowledge and consent.