



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**, \_\_\_\_\_. A copy of this signed and dated document shall be as effective as the original. MY SIGNATURE WILL ALSO SERVE AS A PHI (Personal Health Information) 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

<b>Your Home Phone</b>	<b>Your Cell Phone</b>	<b>Your eMail Address</b>
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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.