Greater York Family Dentistry, PLLC

Steven Agapis, DDS • Nicholas Agapis, DDS • George Agapis, DDS

ACKNOWLDEGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's "Notice of Privacy Practices."

_____
(Please Print Name)

_____
(Signature)

_____
(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our "Notice of Privacy Practices," but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please specify)

_____
_____
_____

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone: _____

- ☐ OK to leave message with detailed information
- ☐ Leave message with call-back number only
- ☐ OK to give information to family member or other person

If yes, please specify their name: _____
Relationship to you: _____

Work Telephone: _____

- ☐ OK to leave message with detailed information
- ☐ Leave message with call-back number only

Written Communication

- ☐ OK to mail to my home address
- ☐ OK to mail to my work/office address
- ☐ OK to fax _____
- ☐ **I agree to permit discussions of my medical/dental care with my employer or benefits personel.**

The following individuals may be contacted to discuss my medical care if necessary:

	Name(s)	Relationship	Phone
1.			
2.			
3.			

This information will be considered current & valid unless notified otherwise

_____ _____ _____
Name Signature Date

1475 Bannister Street • York, PA 17404 • 717-846-5653 Voice • 717-699-4433 Fax