
SEUBERT FAMILY DENTISTRY, LLC

Jan L. Seubert, DDS · Mitch A. Seubert, DDS · Ben D. Vorpahl, DDS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES HIPPA and WI CONSENT and AUTHORIZATION OF PHI DISCLOSURE

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

We are required by law to maintain the privacy of and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone (608)742-2331.

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

{Signature}

{Date}

Authorization of PHI Disclosure

I, _____ authorize **SEUBERT FAMILY DENTISTRY** to disclose any medical and dental diagnosis along with completed or proposed dental treatment and/or appointments to the following recipients:

Name of Person #1 _____ Relationship to you _____

Name of Person#2 _____ Relationship to you _____

Name of Person#3 _____ Relationship to you _____

Revocation Of PHI Disclosure: I understand that I may revoke this authorization by completing a new *Acknowledgement of Receipt of Notice of Privacy Practices and Authorization of PHI Disclosure* form. If I revoke this authorization, **SEUBERT FAMILY DENTISTRY, will no longer use or disclose my medical information for the reasons covered by this authorization, except to the extent it has already relied upon this authorization. I understand that when **SEUBERT FAMILY DENTISTRY** discloses information pursuant to this authorization, the information may no longer be protected by federal or state privacy rules and may be subject to re-disclosure by the recipient of the information.**

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)
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