

ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF PRIVACY PRACTICES

PARK CITY EDGE ORTHODONTICS
JEFFREY R. SUMSION DMD MS

I acknowledge that I have received a copy of the Statement of Privacy Practices for Park City Edge Orthodontics & Dr. Jeffery R. Sumsion and I have been provided an opportunity to review it. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Park City Edge Orthodontics & Dr. Jeffrey R. Sumsion reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

PATIENT NAME

DATE

ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

I authorize Park City Edge Orthodontics & Dr. Jeffrey R. Sumsion to use or disclose my protected health information and all other information necessary to carry out treatment or obtain payment. (INCLUDING: Insurance companies, collection agencies, dental generalists / specialists, & medical doctors)

SIGNATURE OF PATIENT OR GUARDIAN

Description of authority (example: self, parent, grandparent, etc.)

OFFICE USE ONLY BELOW THIS LINE

RECORD OF ACKNOWLEDGEMENT NOT OBTAINED

PROVIDED PRIOR TO TREATMENT YES NO DATE PROVIDED: _____

REASON FOR DENIAL: Needed more time to review Statement of Privacy Practices
 Wanted to consult with another person before signing
 Unable to sign
 Reason not given
 Other (explain): _____
