

Smiles@Southcenter

Roseto and Nguyen, DDS, PLLC
15425 53rd Ave. S
Tukwila, WA 98188
206-575-9150

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Roseto and Nguyen, DDS, PLLC. 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.

Roseto and Nguyen, DDS, PLLC reserves all right to change the privacy practices that are described on 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.

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 person indicated below.		
Any member of my immediate family	Yes	No
Spouse only	Yes	No
Other, please specify	Yes	No

X _____
Name of Patient or Personal Representative

X _____
Signature of Patient or Personal Representative

X _____
Date

Personal Representative's Relationships to Patients

OFFICE USE ONLY BELOW THIS LINE

Record of Acknowledgment not obtained		
Provided prior to treatment?	Yes	No
Date Provided:		
Reason for Denial;	O Needed more time to review statement of privacy practices	
	O Wanted to consult with another person before signing	
	O Unable to sign	
	O Reason not given	
	O Other (explain)	