**Pocono Pines Dental, LLC**
John Mann, DMD
395 Route 940
PO Box 1005
Blakeslee, PA 18610

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003, the federal HIPAA privacy rule requires our practice to comply with certain legal requirements designed to protect your personal health information. HIPAA gives individuals the right to request a restriction on uses and disclosures of protected health information (PHI). The individual is also provided the right to request confidential communications of PHI be made by alternative means, such as sending correspondence to the individual's office instead of home. We may need your written authorization to release PHI even if you are the one requesting the release.

**By signing below I acknowledge I have read Pocono Pines Dental Notice of Privacy Practices.**

*****You may refuse to sign this acknowledgement*****

| I wish to be contacted in the following manner.<br>Check all that apply: | You can communicate information about me to…<br>Check all that apply: |
|---|---|
| ☐ Home Telephone<br>☐ OK to leave a message with detailed information.<br>☐ Leave a message with call-back number only.<br>☐ Work Telephone<br>☐ OK to leave a message with detailed information.<br>☐ Leave a message with call-back number only.<br>☐ Written Communication<br>☐ OK to mail to my home address<br>☐ OK to mail to my work/office | ☐ My Spouse<br>☐ Family Members<br>☐ Caregivers _____<br>_____<br>☐ Other_____<br>_____ |

**Signature:_____ Date:_____**

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### 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
☐ Communication barriers prohibited obtaining the acknowledgement
☐ An emergency situation prevented us from obtaining acknowledgement
☐ Other_____

Tel: (570)646-7811 Fax: (570) 643-9747 Email: info@poconopinesdental.com