

## Disclosure of Personal Health Information (PHI) - HIPAA

In general, the HIPAA privacy rule gives you the right to request a restriction on uses and disclosures of your personal health information (PHI). You're also provided the right to request confidential communications of that a communication of PHI be made by alternative means.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

- Please indicate where you wish to be contacted & authorize leaving a message:  
\_\_\_\_ Cell Phone Number                      \_\_\_\_ Secondary Phone Number  
\_\_\_\_ Text Message                                      \_\_\_\_ Email

- I authorize Dr. Riggs and her team to discuss my dental treatment with:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Notice of Privacy Practices

### Written Acknowledgement of Receipt of Notice of Privacy Practices/HIPAA.

I've had the opportunity to review Riggs Family Dentistry Privacy Practices/HIPAA.

I understand that I can contact Dr. Crystel Riggs if I have further questions or complaints.

I also understand that I am entitled to request updates if the Notice of Privacy Practice is significantly changed or amended.

\_\_\_\_\_  
Patient/Personal Representative Signature

\_\_\_\_\_  
Date

