DAVID TO, DMD
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Shoreline, WA 98155
(206) 362-2273

ACKNOWLEDGEMENT AND RECEIPT OF STATEMENT OF PRIVACY PRACTICES

I acknowledge I have received a copy of the Statement of Privacy Practices for the office of David To, DMD. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information (PHI) that may occur in my treatment, payment for services, or in the performance of office health care operations. In addition, the Statement of Privacy Practices describes my rights in accordance with the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is posted in the facility.

David To, DMD reserves the right to change the privacy practices currently 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 revision becomes effective. I may also obtain a revised Statement of Privacy Practices by requesting a hard copy be sent via postal mail or digitally through electronic-mail.

ADDITIONAL DISCLOSURE AUTHORIZATION		
In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my PHI to the person(s) identified below. (I understand the default answer is "NO" and unless indicating a "YES" response to each individual question, my PHI cannot be shared with anyone unless otherwise allowed by HIPAA rules.)		
Spouse only	⬜ YES	⬜ NO
OR		
Any member of my immediate family: (Spouse, Children, Children's Spouse)	⬜ YES	⬜ NO
Any member of my extended family: (Parents, Grandchildren)	⬜ YES	⬜ NO
Other:	⬜ YES	⬜ NO

Patient Signature (Legal Representative) Date

Patient Name (Printed)

Relationship to Patient

OFFICE USE ONLY BELOW THIS LINE

Acknowledgement Not Obtained			
Provided Prior to Treatment?	⬜ YES	⬜ NO	Date Statement Provided:
Reason for not obtaining patient signature	⬜	Needed more time to review Statement	
	⬜	Wanted to consult another person before signing	
	⬜	Physically unable to sign	
	⬜	No reason offered	
	⬜	Other:	