

JANETTE PINEDO DDS, INC.

PATIENT PRIVACY DIRECTIVE

In an effort to comply with the Health Insurance Portability and Accountability Act (HIPAA), we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends and co-workers.

Please check your response to the following:

May we leave messages on a voice mail at home or on your cell phone to discuss appointments or treatments?

YES ___ NO ___

May we leave messages with or discuss your appointments/treatment with your spouse?

YES ___ NO ___

May we leave messages concerning your appointments with a co-worker, receptionist or secretary that regularly answers your calls?

YES ___ NO ___

If you are over the age of 18 and still living at home, may we discuss your appointments/treatment with your parent(s) or guardian?

YES ___ NO ___

If you are over the age of 18, may we discuss your appointments/treatment with your children?

YES ___ NO ___

Indicate with a check mark the best form of communication and e-mail address or numbers where we may call/text you to talk to you or leave a voice messages:

Cell # _____ call to talk ___ text _____ leave voice message

Home# _____ call to talk _____ leave voice message

Office/Work# _____ call to talk _____ leave voice message

E-mail address _____ send messages

You must inform us, in writing, of any changes in your directives. This record takes effect upon signing and dating this form.

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy of JANETTE PINEDO DDS, INC. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. If you have any questions or concerns, please ask to discuss it further with our staff.

Signature of Patient or Representative _____ Date _____

If Representative, give relationship: _____

FOR OFFICE USE ONLY * FOR OFFICE USE ONLY * FOR OFFICE USE ONLY * FOR OFFICE USE ONLY

We attempted to obtain written acknowledge of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained:

Patient refused to sign An emergency situation prevented us to get signature Other _____

Staff Signature: _____ Date: _____