

**Bandon Coastal Dental, LLC
Andrew J. Oas, DMD**

**Notice of Privacy Practices
Patient Acknowledgement**

Patient Name: _____ Date of Birth: _____

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request.

HIPAA Release Form

I, _____ **Do Not** authorize the Release of information regarding my dental treatment, the cost and financial arrangements for my dental treatment, and my personal health information.

I, _____ **Do** Authorize the release of information regarding my dental treatment, the cost and financial arrangements for my dental treatment, and my personal health information: This information may be released to:

- Spouse: _____
- Child(ren): _____
- Other: _____

Signed: _____ Date: _____

Relation to patient (if signed by a personal representative of patient): _____

Witnessed: _____ Date: _____