Kari D Chellis, RDH, DDS, PS
4700 42 Ave SW Ste 555
Seattle WA 98116
206-935-5522

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Kari Chellis RDH, DDS, PS and Smile Secrets. The Statement of Privacy Practices describes the types of uses and disclosures of now protected health information that might occur in my treatment, payment for services, or in the performance office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Kari D Chellis, RDH, DDS, PS reserves the right to change the privacy practices that are described in the Statement of Privacy practices. If privacy practices changes, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

Additional Disclosure Authority

In addition to the allowable disclosure described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information as indicated below. *

Any member of my immediate family	☐ Yes	☐ No
Spouse only	☐ Yes	☐ No
Telephone messages	☐ Yes	☐ No
Recall post cards	☐ Yes	☐ No
Office co-worker	☐ Yes	☐ No
Friend or associate, Specify: _____	☐ Yes	☐ No
Other, Specify: _____	☐ Yes	☐ No

* Failure to check any individual box does not constitute permission consent of authorization to disclose my personal health information. Each item of authorization must be signed or otherwise acknowledged.

Printed name of patient or guardian: _____

Signature of patient or guardian: _____ Date: _____

Acknowledgement of Receipt Not Signed

Date Acknowledgement Receipt Provided:

_____

Reason Acknowledgement not Signed: _____

Denial Recorded By. _____