Bobby J. Grossi DDS, PC - Gateway Dental

Patient Acknowledgement and Consent Form

Effective April 14, 2003 the new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements, we are giving you a copy of our Notice of Privacy Practices. This Notice of Privacy Practices contains the information that HIPAA requires us to disclose regarding privacy practices.

Existing Michigan Law requires (in addition to our attempt to our attempt to obtain your written acknowledgement, as discussed above) us to obtain your written consent prior to disclosing any of your information except for our disclosures in connection with; a defense to a claim challenging our professional competence; a review entity's functions; a claim for payment of fees; a third party payer's examination of our records; a court order as part of a criminal investigation.

From time to time it may be necessary for us to make disclosures of your information in connection with your treatment. For example, we may make a referral to or a consult with another dentist or other health care professional, provide a specimen to a laboratory for testing or otherwise make disclosures of your information in connections with providing or coordinating your treatment.

Patient Acknowledgement

I acknowledge that I have today received a copy of the Notice of Privacy Practices.

Patient Signature _____ Date _____ Print Patient Name _____

For Office Use Only
Patient refused to sign consent and acknowledgement form
Reason for refusal
Office Personnel Signature and date
Office Personnel Print Name

Patient Consent

I consent to your disclosures of my information, which you deem necessary in connection with my treatment. I understand that such disclosures may not be of the type listed above.

Patient Signature _____ Date _____ Print Patient Name _____