

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 our privacy practices.

Existing Michigan Law requires us (in addition to our attempt to obtain your written acknowledgement, discussed above) to first 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; or a child abuse/ neglect 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 consult with another dentist or other health care professional, provide a specimen to a laboratory for testing, provide impressions for fabrication of an oral appliance to a dental lab, call in prescribed medications to a pharmacy, or otherwise make disclosures of your information in connection with providing or coordinating your child treatment.

PATIENT, PARENT, LEGAL GUARDIAN ACKNOWLEDGEMENT

PLEASE SIGN THIS FORM BELOW UNDER THE HEADING 'ACKNOWLEDGEMENT' TO ACKNOWLEDGE THAT YOU HAVE READ THE ABOVE STATEMENT REGARDING OUR NOTICE OF PRIVACY PRACTICES.

Patient Signature (or legal guardian)

Patient Name (or legal guardian) PRINT

Parent's Signature

Date

PATIENT, PARENT, LEGAL GUARDIAN CONSENT

I consent to your disclosure of my information, which you deem necessary, in connection with myself of child(ren)'s treatment. I understand that such disclosures may not be of the type listed above.

Patient/Legal Guardian Signature

Patient/ Legal Guardian (print)

Parent Signature

Date