

Durk V. Irwin, D.M.D.

ORTHODONTIST
BRACES FOR CHILDREN & ADULTS

VANCOUVER
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1300 NE 134th Street
Vancouver, WA 98685

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and doctor certifications.

I have received, read and understand your **Notice of Privacy Practices** containing a more complete description of the uses and disclosures of my health information. I understand that Vancouver Orthodontic Specialists has the right to change its **Notices of Privacy Practices** from time to time and that I may contact them at any time at the address above to obtain a current copy of the **Notice of Privacy Practices**.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment for health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____ Date: _____

Parent/Legal Guardian (if applicable): _____

Signature: _____

Relationship to Patient: Self Parent/Legal Guardian Other: _____

I would like to give the following individuals authorization to discuss matters relating to my treatment and account. I understand without this consent, no one, other than myself, will be able to discuss these matters. This authorization will remain in effect until withdrawn by you in writing.

Relationship to Patient: Spouse Parent/ Legal Guardian Other: _____

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OFFICE USE ONLY

I attempted to obtain the patient's or legally authorized individual signature on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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