Acknowledgement of Receipt of Notice of Privacy Practices

Nicholas A. Muss D.D.S., P.C. dba Muss Family Dentistry
131 Elden Street, Suite 2C2
Herndon, VA 20170

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Name: _____ Date: _____ Relationship: _____

For Office Use Only:

_____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify):

_____

_____

_____

_____

Signature of Nicholas A. Muss D.D.S., P.C. Representative

Muss Family Dentistry
Nicholas A. Muss D.D.S.
Arwa Y. Zeineh D.D.S.
Sun Ryu D.D.S.

Consent Agreement

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) does not require that health care providers obtain a consent agreement as it relates to the use and disclosure of individually identifiable health information (IIHI), but many practices will continue to use the Consent Agreement for other purposes.

Though not necessary to have your consent to allow us to use or disclose your IIHI to others who will treat you or support in providing you quality health care services, it is important to have your consent to use or disclose your IIHI to health care plans to insure accurate and timely payments for the services rendered. The law requires that we inform you of our policy regarding the protection of your IIHI through our Privacy Notice. We may already have a consent agreement from you. Please refer to our Privacy Notice for a full explanation of how this office will protect your individuality identifiable health information (IIHI).

Thank you for your continued confidence in our practice and for supporting our new requirements.

The following is a statement that allows us the necessary latitude to work within the new requirements.

I, _____, have been presented with a Privacy Notice explaining my rights regarding my individuality identifiable health information (IIHI). I consent to the use and/or disclosure of my IIHI for purposes of treatment, payment or other health care operations (TPO). Other uses of my IIHI will require an authorization from me for the specific intention of disclosure.

_____ _____

Patient Signature Date

131 Elden Street, Suite 2C2 Herndon, VA 20170
(703) 689-2697
info@mussfamilydentistry.com *www.mussfamilydentistry.com*