

Kirkland Endodontics

Boyd F. Munson, DMD, PS

Tom J. Rude, DDS, PS

Acknowledgement of Privacy Rights Notice



11830 NE 128th St. Suite 101

Kirkland, WA 98034

425 821-7100

FAX 425 8208208

Info@munsonandrude.com

My signature confirms that I have been informed that I have rights to privacy regarding my protected health information, and I have been given an opportunity to review this office's *Notice of Privacy Rights* as required by HIPAA. I understand this information can and will be used to:

- Provide and coordinate treatment among healthcare providers who may be involved in my care
- Obtain payment from third-party payers for my health care services
- Conduct normal healthcare operations

Patient Name _____ Date _____

Signature _____

Relationship to patient _____

For office use only:

We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Rights for the following reason:

- Patient refused to sign
- Communication barriers
- Emergency situation
- Other