

Osborne Family Dental

901 Schneider Street SE
North Canton, OH 44720
330-499-1066

Dear Patient,

Physicians have always protected the confidentiality of health information by sealing medical records away in file cabinets and refusing to reveal your information. Effective April 14, 2003, State and Federal laws have also attempted to ensure the confidentiality of this sensitive information.

As a result, the Federal Government has published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals and other health care providers and health plans. Physicians are required to comply with the Privacy rule's standards for protecting the confidentiality of your health information. This regulation protects virtually all patients regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to the hospital, fill a prescription or send a claim to a health plan, your physician, the hospital or other health care provider will need to consider the privacy rule. All health information including paper records, oral communications and electronic formats are protected by the privacy rule. This privacy rule also provides you certain rights, such as the right to have access to your medical records. However, these rights are not absolute, as there are exceptions.

As a precaution to safeguard your health information, we train our employees and employ computer security measures. The Notice of Privacy Practices is available in our office and explains our privacy practices, how your confidential health information is handled by our office, and describes how you can exercise your rights with regard to your protected health information. Please feel free to ask your physician or the staff if you have any questions or concerns or would like a copy of our Notice of Privacy Practices. The staff is available Monday through Thursday during the hours of 8:00 am and 5:00 pm at 330-499-1066.

Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse To Sign This Acknowledgement

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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

Please Print Name

Signature

Date

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)
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