

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

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2022 W. Hwy. 82
Gainesville, Texas 76240

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 that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received (please request) your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization 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 or 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.

___ Can we leave a detailed voicemail on the number provided?

___ Can we text a detailed message on the number provided?

I would like to authorize the following people (outside of physicians etc.) to access my records, account or appointments: _____

Patient Name: _____
If patient is a minor,
Relationship to Patient: _____

Signature: _____ Date: _____

SOCIAL MEDIA CONSENT

___ I hereby consent for Kelley J. Wimmer, DDS and staff to place my picture and name on social media.
(This is strictly for contest/drawing winners!)

___ I do NOT wish for my picture/name to be placed on social media.

OFFICE USE ONLY

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

Date: _____ Initials: _____ Reason: _____