

# 1st Impressions Dental and Denture

9835 16<sup>th</sup> Ave SW, Suite 101, Seattle, WA 98106

Phone: (206) 763-8883 | Fax (206) 786-8887

## Acknowledgment of Receipts of Statement of Privacy Practices

I acknowledge that I reviewed the Statement of Privacy Practices for the office of 1<sup>st</sup> Impressions Dental & Denture. 1<sup>st</sup> Impressions Dental & Denture reserves the right to change the privacy practices that are describes in the Statement of Practices. If the privacy practices changes, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first after the revisions become effective.

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are asking our patients to complete the following form by placing your initials next to the appropriate statements which you agree to. If you have any questions regarding HIPAA or the context of this form please ask our front desk staff.

\_\_\_\_\_ I authorize 1<sup>st</sup> Impressions Dental & Denture to disclose and release records and/or x-rays to my any member of my family.

\_\_\_\_\_ I authorize 1<sup>st</sup> Impression Dental & Denture to contact me at home, work, and/or alternate contact numbers provided to us by you and leave message on answering services and with family members to confirm, schedule or re-schedule appointments.

\_\_\_\_\_ I authorize 1<sup>st</sup> Impression Dental & Denture to discuss insurance co-payments and account balances with my spouse, family members and/or parent.

---

***Patient Name***

---

***Patient Signature***

---

***Date***