

*Notice of Privacy Practices - Effective September 23, 2013*

Phillip D. Burton, D.D.S, P.A.  
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The U. S. Department of Health and Human Services (HHS) Office of Civil Rights announced a final rule which implements a number of provisions of the HITECH Act to strengthen the privacy and security protections for health information established under the Health Insurance Portability Accountability Act (HIPAA).

In order to meet new requirements under federal law, Phillip Burton D.D.S. has recently modified its Notice of Privacy Practices, including your right to receive information electronically, to be notified of a breach and other uses disclosures of your information that require prior authorization.

You may request a copy of our complete Notice of Privacy Practices at our front desk or by calling us at 316-686-2121. For your convenience, we will also have a copy available in our office.

I hereby acknowledge that I have been informed of the updated Notice of Privacy Practices and I understand how I can obtain my personal copy.

\_\_\_\_\_  
Parent/Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

FOR SECURITY PURPOSES WE REQUEST YOU CHOOSE A FAMILY PASSWORD - please remember to ONLY share it with people listed on this HIPAA CONSENT - your password will be required to get information, change appointments, & access to financial records.

PASSWORD: \_\_\_\_\_ HINT(optional): \_\_\_\_\_

I give permission for the following listed below access to my information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_