

**GROVE DENTAL ASSOCIATES
2209 S MAIN ST GROVE, OK 74344
918-786-5533**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT
(HIPAA)**

- I HAVE BEEN OFFERED AND/OR RECEIVED A COPY OF GROVE DENTAL ASSOCIATES' NOTICE OF PRIVACY PRACTICES.
- I UNDERSTAND THAT MY PHI (PROTECTED HEALTH INFORMATION) CAN AND WILL BE USED FOR PURPOSES OF TREATMENT AND FOR PAYMENT FROM BOTH MYSELF AND/OR THIRD PARTY. I UNDERSTAND THAT I MAY REQUEST A COPY OF THE PRIVACY POLICIES AT ANY TIME.
- I UNDERSTAND I MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT.

**I GIVE CONSENT FOR THE OFFICE OF GROVE DENTAL ASSOCIATES TO SHARE PERSONAL INFORMATION REGARDING APPOINTMENTS, TREATMENT, BALANCE, ETC, WITH THE FOLLOWING FAMILY MEMBERS/SPOUSE/FRIENDS/OTHER:
PLEASE LIST NAME/RELATIONSHIP AND SIGN BELOW:**

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____
6. _____ / _____

PLEASE WRITE NO ONE IF YOU DO NOT WANT YOUR INFORMATION SHARED WITH ANYONE

PRINT PATIENT NAME

**PATIENT SIGNATURE
OR PARENT/GUARDIAN SIGNATURE IF PATIENT IS A MINOR (UNDER 18)**

DATE