KELLY TAYLOR, D.M.D.
860 South Second Ave, Ste A
Walla Walla, WA 99362
509-529-2000

ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the STATEMENT OF PRIVACY PRACTICES for the office of Kelly Taylor, D.M.D. The STATEMENT OF PRIVACY PRACTICES describes the types of uses and disclosures of my protected health information and that might occur in my treatment, payment for services, or in the performance of office health care operations. The STATEMENT OF PRIVACY PRACTICES also describes my right and the responsibilities and duties of the office with respect to my protected health information. The STATEMENT OF PRIVACY PRACTICES is also posted in the facility.

Kelly Taylor, D.M.D. reserves the right to change the privacy practices that ARE DESCRIBED IN THE statement of privacy practices. If privacy practices change, I will be offered a copy of the revised STATEMENT OF PRIVACY PRACTICES at the time of my first visit after the revisions become effective. I may also obtain a revised STATEMENT OF PRIVACY PRACTICE by requesting that one be mailed to me.

ADDITIONAL DISCLOSURE AUTHORITY
In addition to the allowable disclosures described in the STATEMENT OF PRIVACY PRACTICES, I hereby specifically authorize disclosure of my protected health care information to the person/s indicated below:

1.________________________________Relationship to Patient_______________________

2.________________________________Relationship to Patient_______________________

3.________________________________Relationship to Patient_______________________

X ________________________________ X ________________________________

Name of patient or personal representative signature of patient or personal representative

Date ________________________________

(For office use only)
RECORD OF ACKNOWLEDGEMENT NOT OBTAINED
Provided prior to treatment _______YES ______NO

Date Provided_____________________
Reason for denial: __NEEDED MORE TIME TO REVIEW STATEMENT
__WANTED TO CONSULT WITH ANOTHER PERSON
__REASON NOT GIVEN
__OTHER