



# HIPAA Notice of Privacy Practices Acknowledgement of Receipt

**Morrison Dental Group** will use and disclose your personal health information to treat you, to receive payment for care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care. The financially responsible party, if it is not me, has the right to discuss my account balance. We have prepared a detailed **NOTICE OF PRIVACY PRACTICES** to help you better understand our policies in regard to protected health information. The terms of this notice may change with time, and we will post the current notice at our facility and have copies available for distribution.

I also give **Morrison Dental Group** permission to speak to the following people (if any) regarding my health information:

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I have read and received a copy of Morrison Dental Groups HIPAA Notice of Privacy Practices.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary of personal representative of deceased patient

Name of Patient: \_\_\_\_\_

## FOR OFFICE USE ONLY:

Signed form received by: \_\_\_\_\_

Acknowledgement refused: \_\_\_\_\_

Reason for refusal: \_\_\_\_\_

1/17

*Williamsburg*  
1131 Professional Drive  
Williamsburg, VA 23185  
(757) 220-0330

*Norge*  
7151 Richmond Road, Suite 305  
Williamsburg, VA 23188  
(757) 258-7778

*Richmond*  
1130 Wilkinson Rd.  
Richmond, VA 23227  
(804) 261-4020

*Chincoteague*  
4009 Main St.  
Chincoteague, VA 23336  
(757) 336-1260

*Newport News*  
710 Denbigh Blvd, Bldg. 1, Ste. C  
Newport News, VA 23608  
(757) 874-5511