

GR Family Dental



Gary W. Mancewicz DDS
Stephen M. Mancewicz DDS
Joseph M. Ellis DDS
Wyland W. Gibbs DDS MS

2351 Countrywood Dr. Se
Kentwood, MI 49508-3020
(616)455-3020
(616)455-1397 FAX

HIPAA OMNIBUS RULE

You may refuse to sign this acknowledgement & authorization. In refusing, we may not be able to process your insurance claims.

Date: _____

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for GR Family Dental. A copy of this signed, dated document shall be as effective as the original. **MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO OTHER ATTENDING DOCTOR / FACILITIES IN THE FUTURE.**

Printed name of patient

Signature of patient / Guardian of patient

Legal representative / Guardian

Relationship to patient

How do you want to be addressed when called from the reception area?

First name only Proper surname Other: _____

Please list any other parties who are actively involved in your health care and who may have access to your health information: (This includes parents (if patient is over 18), step parents, grandparents, siblings, caretakers, or any others who may have access to this patient's record):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I authorize contact from GR Family Dental to confirm my appointments, treatment & billing information via:

Cell phone Work phone Any of the above
 Email Home phone
 Text message

I authorize information about my health to be conveyed via:

Cell phone Text message Home phone
 Email Work phone Any of the above

I approve being contacted about special services, events, fund raising efforts or new health info on behalf of GR Family Dental via:

Phone message Text message None of the above (opt out)
 Email Any of the above

In signing this HIPAA Patient Acknowledgement Form, you acknowledge and authorize that GR Family Dental may recommend products or services to promote your improved health. GR Family Dental may or may not receive

GR Family Dental



third party remuneration from these affiliated companies. We, under current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

OFFICE USE ONLY

As Privacy Officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement but did not because:

- It was emergency treatment
- I could not communicate with the patient
- The patient refused to sign
- The patient was unable to sign because
- Other (please describe) _____

Signature of Privacy Officer: _____