

Dental Health Center of Monmouth Beach
27 Beach Road, Suite 1
Monmouth Beach, NJ 07750

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Responsible Party/Family Name: _____

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to make available to you our **Notice of Privacy Practices**, and your rights concerning your health information. Accordingly, our Notice of Privacy Practices is posted in our reception area. This notice takes effect April 14, 2003.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Any further changes in our **Notice of Privacy Practices**, will be posted promptly.

You may request a copy of our complete Notice at any time.

You may also decline to sign this acknowledgement. In this case, please notify the front desk receptionist.

I hereby acknowledge my review of the posted **Notice of Privacy Practices** for the office of: **Dental Health Center of Monmouth Beach**

Signature of Responsible Party or Guardian

Date

AUTHORIZATION TO RELEASE INFORMATION/PAYMENT

I hereby authorize **Dental Health Center of Monmouth Beach** to provide your insurance company(s), claim administrator(s), and consulting health care professionals, information concerning health care, advice, treatment, or supplies provided. This information will be used exclusively for the purpose of evaluation and administering claims for benefits.

Signature of Responsible Party or Guardian

Date

I hereby authorize payment of dental benefits otherwise payable to me directly to **Dental Health Center of Monmouth Beach**.

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges.

Signature of Responsible Party or Guardian

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

