

**Dr. Michael D. Litvak  
6105 N. Davis Hwy.  
Pensacola, FL 32504**

**ACKNOWLEDGEMENT OF HIPPA NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have read and received a copy of this Dental Practice's HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature of Representative

Authority of Personal Representative to sign for the patient (check one)

- Parent
- Guardian
- Power of Attorney
- Other: \_\_\_\_\_

*Dental Office Use Only*

I tried to obtain written Acknowledgement by the individual stated above of our Privacy Practices , but it could not be obtained because:

\_\_\_ An emergency prevented us from obtaining acknowledgement

\_\_\_ A Communication Barrier

\_\_\_ The individual was unwilling to sign

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Date

# Michael D. Litvak D.D.S

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Dental Practice Covered by this Notice**

This Notice describes the privacy practices of Michael D. Litvak D.D.S. Dental Practice. "We" and "our" means the Dental Practice. "You" and "your" means our patient.

### **Our Promise to You and Our Legal Obligations**

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Common Uses and Disclosures**

**Treatment.** We may use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

**Health Care Operations.** We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

### **Your Written Authorization for Any Other Use or Disclosure of Your Health Information**

Uses and disclosures of your protected health information that involve the release of psychotherapy notes (if any), marketing, sale of your protected health information, or other uses or disclosures not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that this office has taken an action in reliance on the use of disclosure indicated in the authorization. If a use or disclosure of protected health information described above in this notice is prohibited or materially limited by other laws that apply to use, we intend to meet the requirements of the more stringent law.

### **Your Rights with Respect to Your Health Information**

You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.

#### **Right to Access and Review**

You may request to access and review a copy of your health information. We may deny your request under certain circumstances. You will receive written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually