Charles S McElfish, DDS

10 Hunt Club Plaza | Ridgeley, WV 26753 | Phone (304) 726-4562 Fax (304) 726-7244

Acknowledgement of Receipt of Notice of Privacy Practices

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that a communication of protected health information is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I, _____, have reviewed a copy of Privacy Practices for Charles S. McElfish, D.D.S. I am aware that a copy for me to take home is available upon request.

Besides myself my protected health information may be disclosed to:

Name of person(s) to whom your protected health information may be disclosed:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I wish to be contacted in the following manner (check all that applies):

O Home telephone: _____
- O Message with callback number only
- O Leave message w/detailed information

O Work telephone: _____
- O Message with callback number only
- O Leave message w/detailed information

O Cell phone: _____
- O Message with callback number only
- O Leave message w/detailed information

Written communication to my:
- O Home address

_____

_____

_____

- O Work/Office address

_____

_____

_____

_____ _____

Signature of Patient or Representative **Date**

Name of personal representative (if applicable): _____

Relationship to the individual (if applicable): _____

FOR OFFICE USE ONLY:

- O Individual refused to sign
- O Communication barrier prohibited obtaining the acknowledgement
- O An emergency situation prevented us from obtaining the acknowledgement
- O Other (Please specify): _____

If you sign this form, you may revoke the authorization at any time by notifying Charles S. McElfish, D.D.S. in writing at the address above. Revoking this authorization will not have any effect on actions that Charles S. McElfish, D.D.S. took in reliance on the authorization before receiving the notice of your revocation.