M Roberta Dornan DDS
YOUR SMILE. YOUR CHOICES.

M. ROBERTA DORNAN, DDS
Cosmetic & Restorative Dentistry - TMJ & Orofacial Pain Disorders

Acknowledgement of Privacy Rights

My signature confirms that I have been informed of my rights to privacy regarding my protected health information under the Health Insurance Portability & Accountability Act of 1996 (HIPPA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of oral health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers for my oral healthcare services.
- Conduct normal healthcare operations such as quality assessment.

I have been informed of my oral care provider's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review such Notice of Privacy Practices. I understand that my dental provider has the right to change the Notice of Privacy Practices and that I may contact this office at the address below to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing to restrict how my private information is used or disclosed and I understand that my oral care provider is not required to agree to my requested restrictions, but if my provider does agree then they are bound to abide by such restrictions.

Patient's Name: _____ Date: _____

Signature: _____

Relationship to Patient: _____

Acknowledgement of Dental Material Fact Sheet

I, _____, acknowledge that I have received from Dornan a copy of the Dental Material Fact Sheet dated May 2004.

Parent/Guardian Signature: _____ Date: _____

Minor Patient: _____ Relationship: _____

Minor Patient: _____ Relationship: _____

Minor Patient: _____ Relationship: _____

Minor Patient: _____ Relationship: _____