



Meredith L. Stabley DMD
FAMILY DENTISTRY

NOTICE OF PRIVACY ACKNOWLEDGEMENT

I understand that as part of the provision of dental healthcare services, Meredith L. Stabley DMD creates and maintains health records describing my health information. This includes, but is not limited to, my health history, symptoms, diagnoses, examination findings, test results, treatment plans and treatment records.

Our office follows HIPAA Privacy Guidelines that establish national standards to protect individuals' medical records and other personal health information. The goal of HIPAA is to protect the confidentiality of patients and their healthcare information while enabling the flow of patient healthcare information when needed.

I understand that I may review by request a copy of the HIPAA Notice of Privacy Practices that provides a complete description of the uses and disclosures of certain healthcare information. By signing below, I consent to the use and disclosure of protected health information about me for the purposes of treatment, payment, and healthcare operations. I have the right to revoke this consent in writing except where disclosures have already been made in reliance on my prior consent.

Signature: _____

Printed Name: _____

Date: _____