



1310 Belmont Ave, Suite 301
Salisbury, MD 21804
410-742-3000

Joseph P. Harmon, D.D.S.
Leigh D. Auchey, D.D.S.
Jessica A. Harrison, D.D.S

**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES
IN ACCORDANCE WITH HIPAA REQUIREMENTS**

I, _____,
Patient, Parent, Guardian

**have received a copy of
DELMARVA DENTAL SERVICES'
"NOTICE" OF PRIVACY PRACTICES
FOR**

PLEASE PRINT PATIENT'S NAME: _____
IF NOT ALREADY LISTED ABOVE

I also give permission to release my information to the following:

SIGNATURE: _____ **DATE:** _____



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HIPAA

DELMARVA DENTAL SERVICES NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed, and how you can obtain this information. **Please review carefully.** The **privacy of your health information** is important to us.

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practice, our legal duties, and your rights.

DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your health information in connection with our healthcare operation. This includes for treatment or payment, quality assessment, reviewing competence or qualifications of healthcare professionals, evaluating provider performance, training programs, accreditation, and certification or licensing activities. We will disclose your health information to a physician or other healthcare provider in case of a referral. We must disclose your health information to you, or family member or other person if necessary to help with your healthcare, but only if you agree we do so. We may use your health information for the purpose of research, education or publication in professional journals. We may use or disclose your health information to the proper authorities if required by law. We will not use your health information for marketing, unless specific marketing authorization is given in writing.

PATIENT RIGHTS

You have the right to look at or receive copies of your health information with A WRITTEN REQUEST. You have the right to place additional restrictions on the use of your health information or request that we communicate with you about your health information at an alternative location. You must make these requests in writing.

QUESTIONS AND COMPLAINTS

If you are concerned that we may have violated your privacy rights; you may complain to us using the contact information at the end of this "Notice". You may also submit a written complaint to the U.S. Department of Health and Human Services.

We support and respect your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

CONTACT OFFICER: Allison M. Klebe

TELEPHONE: 410-742-3000 **FAX:** 410-742-3653

E-MAIL ADDRESS: info@delmarvadentalservices.com

MAILING ADDRESS: 1310 Belmont Ave Suite 301, Salisbury, MD 21804

(FILE IN CHART)