

## **Notice of Privacy Practices Acknowledgement**

**Dr. Franz Lucas, D.D.S.**

2540 King Arthur Blvd., Suite 160

Lewisville, Texas 75056

972-899-9288

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain right to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly
- Obtain reimbursement for services rendered
- Conduct normal healthcare operations such as quality assessments and Physician Certifications

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operation. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

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

Signature: \_\_\_\_\_

Relationship to Patient (if not self): \_\_\_\_\_

Date: \_\_\_\_\_