

**Dental Land  
3514 Burke Rd Ste 100  
Pasadena, TX 77504**

**HIPPA ACKNOWLEDGMENT CONSENT TO DISCLOSE PRIVATE HEALTHCARE  
INFORMATION FOR TREATMENT, PAYMENT AND/OR HEALTHCARE  
OPERATIONS**

**TO THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before signing this Consent. This Notice provides a description of our treatment, payment activities, and healthcare operations. Furthermore, a copy of our Notice accompanies this Consent. We encourage you to read it carefully before signing this Consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. We will issue a revised Notice of Privacy Practices if any changes are made to the notice. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: Office Manager  
Email: Dentalland13@yahoo.com  
Address: 3514 Burke Rd  
Pasadena, TX 77504  
Telephone: (832) 831-2301  
Fax: (832) 831-2309

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time.

\_\_\_\_\_ I give my consent to have my information released as indicated above.

\_\_\_\_\_ I do not give my consent to have my information released as indicated above.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient

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

Patient/Parent or Guardian of minor child

**Dental Land**  
**AGREEMENT OF RECEIPT OF NOTICE OF**  
**PRIVACY PRACTICES**

*You May Refuse to Sign This Acknowledgement*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but Acknowledgement could not be obtained because:

- Individual refused to sign
  - Communication barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
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