



Dr. Nick Kim, DMD, MDS & Dr. Paul Kim

Privacy Policy Acknowledgement

This form is required by patient privacy regulations recently issued (2003) by the United States Department of Health and Human Services.

Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, email addresses, and demographic data) may be used in connections with your treatment, payment, or your account or health care operations (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this consent form, a copy of which is placed in the reception area.

You have the right to request restrictions on the use of your protected health information. However, we are not required to and may not, honor your request.

We may amend the attached privacy notice at any time. If we do, we will provide you with a copy of the changes, and the changes may not be implemented prior to the effective date of the revised notice.

You may revoke this consent any time in writing. However, such revocation will not be effective to the extent that any action has been taken in reliance on this consent.

Thank you for your cooperation. Please let us know if you have any questions.

Signature of Patient or Guardian _____

Print Name _____

Date _____