



GENE HASSELL D.D.S.
GENERAL & COSMETIC DENTISTRY

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Notice of Privacy Practices Acknowledgement

I understand that, under the House Insurance Portability & Accountability Act of 1996 (HIPPA), and the Texas House Bill 300 of 2012, <http://www.txh300.com>, I have certain rights 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 that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read, and understand your Notice of Privacy Practices in compliance with Texas House Bill 300, which contains a more complete description of the uses and disclosures of my health information. I understand that this dental office has the right to change it's Notice of Privacy Practices from time to time and that I may contact Dr. Hassell's office at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

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 operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then your are bound to abide by such restrictions.

Patient Name _____

Relationship to Patient _____

Signature _____

Date _____