



13905 E Noland Ct
Independence, MO 64055
(816) 461-2916

HIPPA Privacy Rule Receipt of Notice of Privacy Practices

The privacy of your medical information is important to us.

I understand that as part of my healthcare, this facility originates and maintains health records describing my health history, symptoms, examination, test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that this office does participate with the HIPPA Notice of Privacy Practice. I understand that:

- I have the right to review this facility's notice of privacy practices prior to signing this acknowledgement.

Patient or Legal Guardian Signature

Date

Acceptance of Financial Responsibility

I, _____ (patient name) accept all financial responsibility for all dental procedures that will be performed on my behalf by Wright Dentures and Implants. If my insurance carrier(s) deny my claims, I accept responsibility for and will reimburse Wright Dentures and Implants for all charges denied by my insurance carrier(s). If my insurance pays directly to me for services performed by Wright Dentures and Implants, I accept responsibility and will reimburse Wright Dental Care for all fund I receive and any remaining balance on my account.

Patient or Legal Guardian Signature

Date