



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

HIPAA 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 and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that this office does participate with the HIPAA Notice of Privacy Practice. I understand that:

- I have the right to review this facility’s Notice Of Privacy Practices prior to signing this acknowledgment;

Patient or Legal Guardian Signature

Date

Acceptance of Financial Responsibility

I accept all financial responsibility for all dental procedures that will be performed on my behalf by Wright Dental Care. If my insurance carrier(s) deny my claims, I accept responsibility for and will reimburse Wright Dental Care for all charges denied by my insurance carrier(s). If my insurance company pays directly to me for services performed by Wright Dental Care, I accept responsibility and will reimburse Wright Dental Care.

Patient or Legal Guardian Signature

Date