

**Donohue & Donohue, D.D.S.**  
**Terry J. Donohue, D.D.S.**  
**Timothy M. Donohue, D.D.S.**  
323 W. Maple St.  
Carson City, MI 48811

**Notice of Privacy Practices**

**Patient Acknowledgement and Consent Form**

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements, we are informing you that a copy of our *Notice of Privacy Practices* is made available to you upon request. This *Notice of Privacy Practices* contains the information that HIPAA requires us to disclose regarding our privacy practices.

Existing Michigan Law requires (in addition to our attempt to obtain your written acknowledgement, discussed above) us to first obtain your written consent prior to disclosing any of your information except for our disclosures in connection with: a defense to a claim challenging our professional competence; a review entity's functions; a claim for repayment of fees; a third party payer's examination of our records; a court order as part of a criminal investigation; an identification of a dead body; a licensure investigation; or a child abuse/neglect investigation.

From time to time it may be necessary for us to make disclosures of your information in connection with your treatment. For example, we may make a referral to or consult with another dentist or other health care professional, provide a specimen to a laboratory for testing or otherwise make disclosures of your information in connection with providing or coordinating your treatment.

**Patient Acknowledgement and Consent**

**I acknowledge that:**

- A copy of the Donohue & Donohue, D.D.S. *Notice of Privacy Practices* was made available to me.
- The *Notice of Privacy Practices* was posted in a clear and prominent location where I was able to read it.
- I know that I can ask for a copy of the *Notice of Privacy Practices* to take with me.
- I consent to Donohue & Donohue's disclosures of my information that is deemed necessary in order to provide me with proper treatment.

\_\_\_\_\_  
**Printed name of patient or patient's representative**

\_\_\_\_\_  
**Signature of patient or patient's representative**

\_\_\_\_\_  
**Date**

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**Dependent Family Members**

\_\_\_\_\_  
**Patient name (please print)**

\_\_\_\_\_  
**Patient name (please print)**

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**Patient name (please print)**

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**Patient name (please print)**

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**Patient name (please print)**

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**Patient name (please print)**