



HIGHLINE

FAMILY DENTISTRY

COSMETIC • RESTORATIVE • IMPLANTS

AMY L. BECKER, D.D.S.

Highline Professional Center

2 West Dry Creek Circle

Suite 125

Littleton, CO 80120

(303) 794-6800

Dear Valued Client:

As you may or may not know, the Federal Government has implemented regulations and guidelines relating to how health care providers handle your personal information to help protect your privacy. The regulations are known as HIPPA, or Health Information Portability and Accountability Act.

As part of our services, our office may transmit Protected Health Information (PHI) in direct support of your care or as part of our office operations, such as processing insurance claims or transmitting information to other supporting dental offices. In order for us to continue to provide these services we are required to obtain your authorization and provide you with disclosure of our privacy practices.

Please review the **Notice of Privacy Practices** and sign the **Acknowledgement of Receipt**. If you would like a copy of the Privacy Practices to keep and/or review at home please notify the staff.

Thank you for your continued patronage.

Sincerely,

Dr. Amy Becker, D.D.S.

Comprehensive Affordable Dentistry for the Entire Family
HighlineFamilyDentistry.com

Highline Family Dentistry, P.C.

HIPPA RELEASE FORM

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, authorize Highline Family Dentistry to share information regarding my dental care (including records, diagnoses, treatment, and payment with the following people (ie. spouse, family member, friend)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

_____ *Information is not to be released to anyone.*
(initial here)

My Preferred method of contact is:

_____ Cell Phone Number _____

_____ Home Phone Number _____

I have received a copy of this office's Notice of Privacy Practices.

Patient Signature

Date