



**LINDEN DENTAL ASSOCIATES LDA LLC**

909 North Wood Ave, Linden, NJ 07036

T: 908-486-5252 F: 908-486-4078

Patient name: \_\_\_\_\_

**I. HIPAA ACKNOWLEDGEMENT**

I HAVE BEEN PROVIDED WITH ACCESS TO THE PRIVACY POLICY FOR LINDEN DENTAL ASSOCIATES (HANGING ON THE WALL) AND HAVE BEEN INFORMED OF MY RIGHTS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996 AND THE 2013 REVISION. A WRITTEN COPY WILL BE PROVIDED BY REQUEST.

I UNDERSTAND THAT PATIENT INFORMATION CONCERNING HEALTH CARE, ADVISE, TREATMENT, OR SUPPLIES THAT IS PROVIDED TO LINDEN DENTAL ASSOCIATES WILL ONLY BE SHARED WITH ANY INSURANCE COMPANIES, CLAIM ADMINISTRATORS, COLLECTION AGENCIES, AND CONSULTING HEALTH CARE PROFESSIONALS, AS NEEDED, EXCLUSIVELY FOR THE PURPOSE OF EVALUATING AND ADMINISTRATING TREATMENT AND OBTAINING PAYMENT FOR SERVICES PROVIDED. THIS INFORMATION MAY BE GIVEN ELECTRONICALLY, VIA E-MAIL OR ELECTRONIC CLAIMS, UNLESS WE RECEIVE A WRITTEN REQUEST FROM YOU.

**II. INSURANCE RELEASE**

**IF INSURED**, I HEREBY AUTHORIZE PAYMENT TO THE ABOVE- NAMED PROVIDER OF SERVICE FOR ANY INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.

**I UNDERSTAND THAT INSURANCE PAYMENT IS NOT GUARANTEED, AND THAT I AM RESPONSIBLE FOR ALL COSTS OF DENTAL TREATMENT NOT COVERED BY THE INSURANCE PLAN.**

\_\_\_\_\_  
SIGNATURE OF PATIENT OR GUARDIAN

\_\_\_\_\_  
DATE

**----- For Office Use Only -----**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices., but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)