Bruce M. Feldstein, D.D.S., P.C.
30 Airport Road - Suite 3
West Lebanon, NH 03784

NOTICE OF PRIVACY PRACTICE

"You may refuse to sign this acknowledgment"

I understand that under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

*Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
*Obtain payment from third party payers.
*Conduct normal healthcare operations such as quality assessments and physician certifications.

Patient Name ____________________________________

Relationship to Patient ____________________________________

Signature ____________________________________

Date ____________________________________

OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but were unable to because:

*Individual refused to sign
*Communication barriers prohibited obtaining acknowledgment
*An emergency situation prevented us from obtaining acknowledgment
*Other (specify)