



Acknowledgement of Receipt of Notice of Privacy Policies

Adult

1630 NW Broad St. Ste. 101, Murfreesboro, TN 37129 • 615.896.0608 • stonesriverdental.com

I hereby authorize, as indicated by my signature below, to use and to disclose my protected health information for any necessary clinical, financial and insurance purpose as authorized in the Patient Consent form.

SUBSTANCE USE DISORDER (SUD) RECORDS – SPECIL PRIVCY PROTECTIONS

Some health information related to substance use disorder diagnosis, treatment, or referral may be protected by federal law (42 CRF Part 2) and receive additional confidentiality protections.

Important information about SUD records:

- We may not use or disclose SUD records for treatment, payment, or healthcare operations without your written consent, except as permitted by law.
- These records will not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order.
- If state or federal laws are more restrictive than HIPAA, those stricter laws will apply.

Print Name _____

Address _____

Signature _____

Date _____

You may contact me at the following:

- Home phone number _____
- Cellphone number _____
- Work phone number _____
- E-Mail _____
- Other _____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1. _____ Date Added / Removed: _____
2. _____ Date Added / Removed: _____
3. _____ Date Added / Removed: _____

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
- Communication barriers prohibited
- An emergency situation prevent us from obtaining the acknowledgement
- Other (please specify) _____

Staff Person's Initials _____