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HIPAA OMNIBUS RULE

Patient acknowledgement of receipt of Notice of Privacy Practices and Consent/Limited Authorization & Release form

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility. A copy of this signed, dated document shall be as effective as the original.

How do you want to be addressed when summoned from the reception area:

☐ First Name Only ☐ Proper Sir Name ☐ Other _____

Please list any other parties who can have access to your health information:

(This includes step parents, grandparents and any care takers who can have access to this patient's records):

Name: _____ Relationship: _____

I authorize contact from this office to **confirm my appointments, treatment, billing and about my health** be conveyed via:

- | | |
|--|--|
| <input type="checkbox"/> Cell Phone Confirmation | <input type="checkbox"/> Text Message to my Cell Phone |
| <input type="checkbox"/> Home Phone Confirmation | <input type="checkbox"/> Email Confirmation |
| <input type="checkbox"/> Work Phone Confirmation | <input type="checkbox"/> Any of the Above |

Permission to Email and Text:

Initial _____

Radiographs, Photographs and Models:

I hereby grant permission to *Michael Lum, D.D.S.* to perform routine diagnostic procedures including the necessary capture/use of radiographs (x-rays), photographs and models forth purpose of treatment planning, case presentation and insurance claims processing.

Initial _____

I hereby grant permission to *Michael Lum, D.D.S.* to use and/or publish photographs of me for art, promotional and education purposes (including but not limited to advertising, publicity, commercial, social media or display)

Initial _____

Please *print* your name

Please *sign* your name

Legal Representative Description of Authority

Phone Number & Email

In signing this HIPAA Patient Acknowledgement Form, you acknowledge and authorize, that this office may recommend products or services to promote your improved health. This office may or may not receive third party remuneration from these affiliated companies. We, under current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

You may refuse to sign this acknowledgement & authorization. In refusing we may not be allowed to process your insurance claims.