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## **HIPAA ACKNOWLEDGEMENT**

Drs . Kaihara & Watkins, DDS, LTD, has taken measures to protect all of our patient's private dental/medical information. New HIPAA rules established, in 2014, have been updated in our revised HIPAA NOTICE OF PRIVACY PRACTICES.

You should review the Notice of Privacy Practices for a complete description of how your protected health information may be Used or Disclosed. You may review the notice prior to signing this consent. You may also request a copy of the Notice of Privacy Practices for your own records. Please see a Patient Coordinator at the front desk, and she will be happy to give you a copy.

We will not release any information, other than what is covered in our Notice of Privacy Practices, to anyone unless you have provided the requested information in writing.

You may revoke this consent to the Use & Disclosure of your protected health information. You must revoke consent in writing. Any Use or Disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Drs. Kaihara & Watkins, DDS,LTD reserves the right to modify the Privacy Practices outlined in the notice.

I have reviewed Drs. Kaihara & Watkins, DDS,LTD Notice of Privacy Practices.

**Patient Name (Printed):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_