Implants Northwest
Dr. Daniel R Cullum
Certified American Board of Oral & Maxillofacial Surgery

ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received, or have been given the opportunity to receive, a copy of Dr. Daniel R. Cullum's *Notice of Privacy Practices*. This notice describes the types of uses and disclosures of my personal health information that might occur in my treatment, payment for services or in the performance of office health care operations. It also describes my rights and the responsibilities and duties of this office with respect to my protected health information.

ADDITIONAL DISCLOSURE AUTHORITY

1. In addition to the allowable disclosures described in the *Notice of Privacy Practices*, I hereby specifically authorize disclosure of my protected health care information to any member of my immediate family.

2. I understand that you may occasionally need to leave a message regarding an appointment or to request information. A message may be left with the person answering the phone or on my voicemail/answering machine.

_____ _____

Patient Name (Please Print) Date

_____ _____

Signature Relationship (if other than Patient)

Dr. Daniel R. Cullum
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Coeur d'Alene, ID 83814
208-667-5565 or 800-655-8989