

**Joseph B. Dankey, D.D.S. \* 10 Garden Center  
Broomfield, CO 80020 \* 303-469-7874 \* Orthodontist**

***HIPAA Release of Information Document***

In compliance with the regulations under the Federal **HIPAA (Health Insurance Portability and Accountability Act)** laws, we are requesting all of our patients read the enclosed **Notice of Privacy Practices** and **sign the acknowledgement and release below.** If you have any questions, please call our office and ask to speak with Bette, our treatment coordinator.

I, \_\_\_\_\_ have received a copy of Dr. Dankey's Notice of Privacy Practices.  
**(Patient's Name – Please Print)**

I hereby authorize and release Dr. Dankey's office of the following:

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| Dr. Dankey's office may call the home number to confirm future appointments.   | Yes | No |
| If necessary, Dr. Dankey's office may also call a work number to confirm appointments or leave a message.  | Yes | No |
| Dr. Dankey's office may use photographs of prior and post treatment for display purposes. (Bulletin board, our website, Facebook. uTube, etc. - First names ONLY!) | Yes | No |
| Dr. Dankey may use photographs of prior and post treatment for educational or professional purposes.   | Yes | No |
| Dr. Dankey's office may send through regular mail written notices (post cards) of future appointments or treatment reminders.                                      | Yes | No |
| Dr. Dankey may discuss treatment with other health/dental professionals as necessary for appropriate diagnosis and treatment.                                      | Yes | No |
| Dr. Dankey's office staff may discuss recommended treatment with step-parent(s), sibling(s), guardian(s) or grandparent(s) who may request this information.       | Yes | No |

Signature of patient or parent/guardian: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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(For office use only)

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_