



Jonathan W. Titus, DDS

NOTICE OF PRIVACY PRACTICES

THE NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have read a copy of Titus Dentistry's Notice of Privacy Practices.

Patient name _____

Signature _____ Date _____

If you would like a personal copy of our Notice of Privacy Practices read and print a copy at <http://m.titusdentistry.com/notice-of-privacy-practices> or contact our office to request a paper copy.

Office Contact Information: Titus Dentistry - Middletown
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O: 765-354-4796
middletown@titusdentistry.com

RIGHT OF ACCESS

Please list anyone you would like to give permission to speak to us about your protected medical, dental, or financial information below:

NAME	RELATIONSHIP	CONTACT INFO

My complete health record (including but not limited to diagnoses, lab tests, prognosis, treatment, and billing, for all conditions) is to be disclosed upon the request of the person(s) named above unless amended or revoked by myself.

Form of Disclosure (unless another format is mutually agreed upon between my provider and designee):
An electronic record, access through an online portal, a hard copy, or verbal communication.

This authorization shall be effective until all past, present, and future periods unless I revoke it. (NOTE: You may revoke this authorization in writing at any time by notifying your health care providers, preferably in writing.)

Patient name _____

Signature _____ Date _____