

Jamila D. Miller, D.D.S., L.L.C.

Prosthodontics & General Dentistry
9333 Calumet Ave., Munster, IN 46321
P: 219.836.4214 F: 219.836.5205
www.chicagoprosthodontist.com

Jamila D. Miller, D.D.S., L.L.C. Notice of Privacy Practices has been offered to me. I understand I have the right to review the Notice of Privacy Practices Prior to signing this document and by signing this document, acknowledge only that I have been offered the Notice of Privacy Practices or have declined the offer.

Jamila D. Miller, D.D.S., L.L.C. reserves the right to change the privacy practices that we described in the Notice of Privacy Practices.

I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment.

Accepted Notice

Declined Notice

Signature of Patient

Signature of Patient

Patients Date of Birth

Patients Date of Birth

Date

Date

I authorize the following person(s) minimal access (does not include copies of medical records) to my protected health information (PHI):

Name

Date of Birth

Home Phone Number

Patient's signature: _____

For authorization to release limited PHI to the above listed individuals.

I further authorize Jamila D. Miller, D.D.S., L.L.C. to communicate with me electronically through e-mail at the following e-mail address: _____. I understand that this e-mail communication is not secure by encryption therefore is not considered a secured or private communication. Jamila D. Miller, D.D.S., L.L.C. will not be held responsible for further disclosure of your information sent via unencrypted e-mail.

Patient's signature: _____

For authorization of e-mail communications.