

**Nidal S. Elias, D.D.S., M.S.**

Dear Patient:

Recently the U.S. government established new rules concerning the use and protection of medical and health information. This initiative was part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. These rules are intended to provide standard privacy protections for your medical information. Dr. Elias and staff have always been a leader in protecting patients' medical information. We regard the privacy of our patients as a central part of our mission to serve the needs of the patient first. Private, controlled use of medical information by staff at our office is essential to your care. The Notice of Privacy Practices provides you with information explaining how we use your medical information.

Please sign below to acknowledge that you have received this notice.

**Notice of Privacy Practices  
Acknowledgment Form**

\_\_\_\_\_  
**Patient Name**

I acknowledge that Dr. Nidal S. Elias, D.D.S., M.S. has provided me with a copy of its Notice of Privacy Practices. I understand this acknowledgment means only that I have received the notice, and in no way affects the care I receive.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to patient (if not patient)**

Name(s) of others authorized to discuss or request Medical/Dental information:

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

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

**9250 Baymeadows Rd.  
Suite 300  
Jacksonville, FL 32256**

**1301 Plantation Island Dr.  
Suite 403A  
St. Augustine, FL 32080**

**814 A1A North  
Suite 102  
Ponte Vedra Beach, FL 32082**