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Headache and Facial Pain Disorders  
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**HIPAA NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers and arrange for prescription preauthorization
- Conduct normal healthcare operations, including but not limited to quality assessments and professional certifications.

I have received, read, and understand your Notice of Privacy Practices containing a more complete and detailed description of the uses and disclosures of my health information. I understand that this organization has the right to change its HIPPA Notice of Privacy Practices from time to time as necessitated by changes in HIPPA. A digital copy is available on **headandfacepain.com** on the 'Forms' page

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

**Patient Name** (first): \_\_\_\_\_ (middle): \_\_\_\_\_ (last) \_\_\_\_\_

**You may discuss my healthcare information with:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

<b>Signature</b> of Patient or Legal Representative	<b>Printed Name</b>	<b>Date</b> (mm/dd/yyyy)
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**OFFICE USE ONLY**

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below for one of the following reasons:

- ☐ The individual refused to sign acknowledgment
- ☐ Communication barriers prohibited obtaining acknowledgment
- ☐ An emergency prevented us from obtaining acknowledgment
- ☐ Other (please specify) \_\_\_\_\_

**Date** (mm/dd/yyyy): \_\_\_\_\_ **Initials:** \_\_\_\_\_