

Notice of Privacy Practices

Commonly called "HIPAA" Notice. - Patient Name: _____

You will be provided with a notice of our Privacy Practices. This notice describes how your dental/medical information may be used and disclosed by our dental office. You can have access to this information.

Privacy Practices/ Your patient rights:

1. The right to inspect your information and request a copy of your information
2. The right to request corrections to your information.
3. The right to request that your information be restricted.
4. The right to request confidential communications via telephone, text or email
5. The right to request a list of any disclosures made.
6. The right to paper copy of this Notice.

Your dental/medical information is secure with us; it stays private.

If you want our dental office to disclose your information to any person or entity outside our dental office you must stipulate your permission in writing.

Please list all the telephone numbers where we may contact you either by phone or text message.

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Please list email addresses where we may contact you.

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Please list the names of all people (eg. Spouse, parents, grandparents, etc...) you authorize us to release your Dental/Medical and or Financial information to.

1. Financial including but not limited to: fees for services rendered, insurance payment information
2. Clinical information: including treatment rendered or proposed; Medical and dental history, referral/consultations with medical doctors, dental specialist, dentists and pharmacists; confirming, cancelling or rescheduling appointments

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby acknowledge that I have reviewed the dental office's privacy practices. I further understand that I can revoke my authorization by submitting a written notice to the dental office.

Signature of Patient/Parent/Guardian _____ Date: _____

_____ For Office Use Only _____

Patient Refused to Sign Patient was unable to sign because: _____

Office Representative _____ Date: _____