

HIPAA

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Fox Family Dental
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Cape Girardeau MO 63701
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(573) 334-7631 FAX

Notice of Privacy Practice

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practice is to explain how Fox Family Dental may use or disclose your healthcare information. The notice also explains the rights that you are guaranteed under HIPAA regulations. HIPAA Privacy Rule requires us to distribute this notice to you and obtain acknowledgment that you have received the notice. Signing below indicates that you have received the Notice of Privacy Practices. You have the right to read our Notice of Privacy Practices before you decide whether to sign the Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices. Those changes may apply to your protected health information.

Right to Revoke: You have the right to revoke this Consent at any time by signing the Revocation Form. Revocation of this Consent will not affect your quality of care. However, by revoking this consent, we will no longer be able to confirm or file insurance for you. Therefore, payment will be required in full at the time services are rendered.

I hereby acknowledge that I had full opportunity to read and consider the contents of this consent and the Notice of Privacy Practices.

Permission to Share Information

My health and account information may be discussed with:

X

(Names and Relationships)

Permission for Communication

You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us.

Do we have your permission to leave appointment and dental information on your answering machine, voicemail, text, work phone and email?

X

YES	NO
_____	_____

X

Print Name

(Patient or Legal Guardian Signature)

(Date)

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.