Westhampton Dentistry
HIPAA Consent

Name:	**Date of Birth:**

Our notice of Privacy Practices provides information about how we may use and disclose your protected health information. It contains a section on Patient Rights outlining your rights under the law. You have a right to view our Notice before signing this consent. The terms of our Notice may change. If so, you may obtain a copy by contacting our office.

You have a right to request that we restrict how your protected health information is used or disclosed for treatment, payment and healthcare operations. We are not required to agree to such restriction but if we agree, we will honor that agreement.

By signing this form, you agree to our use and disclosure of your protected health information for treatment, payment and healthcare operations. You have a right to revoke this consent, in writing signed by you. Such a revocation will not affect any disclosures already made in reliance upon your prior consent. This form is provided to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient (or responsible party) understands that:

- Protected health information may be disclosed for purposes of treatment, payment and healthcare operations.
- The office has a Notice of Privacy Practices and the patient has the opportunity to review the Notice.
- The office reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the use of their information but the office does not have to agree to the restrictions.
- The patient has the right to revoke this consent in writing and all future disclosures will then cease.

_____ _____

Signature (Patient or Responsible Party) ( ) self ( ) resp. party Date

Do you give permission to discuss your medical information with anyone else? ( ) Yes ( ) No
If yes:

Name	Relationship	Telephone

May we leave appointment confirmations on your voice mail? ( ) Yes ( ) No

May we leave personal medical information on your voice mail? ( ) Yes ( ) No

May we email appointment confirmations? ( ) Yes ( ) No

If yes, please provide the number(s) we may use to leave the information: _____