



**Health Insurance Portability & Accountability Act (HIPAA)
*PRIVATE HEALTH INFORMATION DISCLOSURE**

The department of Health and Human Services has established a “Privacy Act” to help insure that personal health care information is protected for privacy. The Privacy Act was also created in order to provide a standard for health care providers to obtain their patients consent for use and disclosures of health information about the patient and/or to carry out treatment, payment or health care operations.

As our patient we want you to know that we respect the privacy of your personal dental records and will do all we can to secure and protect that privacy. We strive to always take responsible precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information about treatment, payment or health care operations, in order to provide services that are in your best interest.

I acknowledge that I have received, or had the opportunity to receive, a full copy of my rights regarding my personal health information. I understand that I can obtain an additional copy of these rights from this office.

I have reviewed and understand my rights regarding my personal healthcare information and I authorize this office to contact me by any means that I have provided.

Printed Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

I authorize the following individual(s) _____
to have access to my health information.

Signature: _____