

Patient Information • HIPAA Consent

Consent for Release of Information for Treatment, Payment and Health Care Operations. The Health Insurance Portability and Accountability Act (HIPAA) requires that University Dental Associates make available to you a description of how medical information about you may be used or disclosed, and how you can get access to this information. This is called the Notice of Privacy Practices, and copies are available at the reception desk in the waiting room. I acknowledge that this notice has been made available to me _____(initial).

In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to use your health information or to disclose to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

I, _____, authorize University Dental Associates to use or disclose my health information to carry out my treatment, obtain payment, and for health care operations.

In addition to the above, I, _____, authorize the following:

1) My medical condition and treatment can be discussed with the following:

_____ Relationship _____

_____ Relationship _____

2) Leave a message on my answering machine or voice mail regarding my condition or treatment Yes () No ()

3) Leave a message with a person who answers the phone Yes () No ()

4) Receive mail from The Dental Specialists (other than billing statements) Yes () No ()

5) Contact me at work and tell them who is calling, if asked Yes () No ()

6) Leave a message on my work voice mail Yes () No ()

Signature of Patient or Patient's Representative/Guardian

Date _____

Printed Name of Patient or Patient's Representative or Guardian

Representative's/Guardian's Relationship to Patient