



## Notice of Privacy Policy Consent Form

**Patient Name:** \_\_\_\_\_

Posted in our lobby is our Notice of Privacy Practices. It provides information about how our office may use and disclose your Protected Health Information (PHI). You have the right to review our Notice of Privacy Practices before signing this Patient Consent Form. Please take the time to do so now.

You have the right to request that we restrict how your PHI is used or disclosed for Treatment, Billing/Payment, or Dental Office Operations. Request for Restriction of PHI must be submitted to the OCP in writing and sign by you as specified in our Notice.

Our office does not have to agree with your Request for restriction of PHI. If we agree to your Request for Restriction of PHI, we shall honor that agreement. You have the right to revoke this Patient Consent Form. Revocation of Consent must be submitted to the OCP in writing and signed by you as specified in our Notice. A Revocation of Consent does not affect disclosures made prior to the date the Revocation was made.

Our notice of Privacy Practices may change from time to time. If it does, you will receive a revised Notice on the first visit after changes to the Notice were made.

Your signature below signifies your consent to use and disclosure of your PHI by our office during Treatment, Billing/Payment and Dental Office Operations as outlined in our Notice.

Our office may condition dental treatment upon execution of this Patient Consent Form.

This form is provided to you so that our office may comply with the Healthy Insurance Portability and Accountability Act of 1996 (HIPAA).

\_\_\_\_\_  
**Patient or Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**