

HIPAA Information & Consent

The Health Insurance Portability & Accountability Act (HIPAA) provides safeguards to protect your privacy. This form is a shortened version. You may request to view a copy of our full notice at any time in our office, or on our website: www.4nicesmiles.com.

HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal in providing the best care and experience. Additional information is available from the U.S. Department of Health and Human Services: www.hhs.gov.

We may use and disclose your health information for different purposes, including scheduling, treatment, payment, and health care operations. Patient information will be kept confidential except when necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, and dental insurance companies. Patient's confidential information will not be used for the purposes of marketing or advertising.

We agree to provide patients with access to their records in accordance with state and federal laws.

We support your right to the privacy of your health information. If you want more information about our privacy practices or have questions or concerns, please contact us.

I acknowledge notice of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): _____