

## YOUR RIGHTS TO PRIVACY OF DENTAL RECORDS (HIPPA)

You have certain rights to privacy regarding protected health information, as described in the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, as follows:

- You have the right to review our Notice of Privacy Practices at any time.
- We reserve the right to change our Notice of Privacy Policies at any time. If we change our Notice, you may obtain a revised copy by contacting our office.
- This Notice contains a Patient Rights section describing your rights under the law.
- You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations, including appointment reminders by postcard or messages on an answering machine. We are not required to agree to your restriction, but if we do, we shall honor that agreement.
- You have the right to revoke this Consent, in writing signed by you, at any time, and all future disclosures will then cease. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent.
- We may condition treatment upon the execution of this Consent.
- The individuals to whom we may disclose your information include, but are not limited to, the following: other healthcare providers and their staff members, dental laboratory personnel, and dental insurance company representatives.

By signing this form, you acknowledge the opportunity to review our Notice of Privacy Practices, and you consent to our use and disclosure of protected health information about you as described above.

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**Patient's Signature**

**Date**

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**Witness**

\*\* \*If you do not agree to sign this acknowledgement, you must indicate your reason for declining, below.

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**Patient's Signature**

**Date**