DESERT HILLS
Cosmetic • Family • Implant
DENTAL CARE

www.deserthillsdental.com

Patient Consent Form

Federal Law requires us to have you sign this form

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA.)
I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment or my minor child(ren)'s treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of this dental practice.

*I have also been informed of, and given the right to review and secure a copy of your *Notice of Privacy Practices,* which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. (**This is posted near the reception area and available at the front desk per your request).* I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Signed this _____day of _____, 20____.

Signature: X_____

Printed Name:_____

Also signed for the following minor child:

Printed Name(s):_____

Signature: X_____

Your Relationship to patient(s)_____

Please be assured our office is compliant and doing everything possible to protect your private health care information.