HIPAA Consent

Kent Family Dental
2515 Alpine Avenue, N.W.
Grand Rapids, MI 49544

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your **Notice of Privacy Practices** containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such ***Notice of Privacy Practices*** prior to signing this consent. I understand that this organization has the right to change its ***Notice of Privacy Practices*** from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the ***Notice of Privacy Practices.***

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do not agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

I authorize Kent Family Dental disclose the following initialed protected health information to these individuals:

_____
Name/phone Relation

_____
Name/phone Relation

_____
Name/phone Relation

____ ALL PHI (protected health information) relating to my care.
____ Diagnosis
____ Treatment
____ Appointments
____ Financial arrangements (including insurance/billing)

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____