

**M. Scott Gore, DDS, PC | Jared Hoover**

**HIPAA IS THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996**

Our Notice of Privacy provides information about how we may use and disclose patient history information about you. You have a right to review our Notice of Privacy before signing this consent. As provided in our Notice of Privacy, the terms may change in accordance with changes in federal regulations. A current copy may be obtained immediately by request.

You have the right to request that we restrict how patient history information about you is used and disclosed. We are not required to agree to restriction, but, if we do, we are bound by our agreement.

By signing this form, you consent to use our disclosure of patient history information about you for treatment, payment and health care operations. You have the right to revoke this consent in writing, except where we have already made disclosure in reliance on your prior consent. If you have any questions, please ask to speak to our privacy officer, M. Scott Gore, DDS.

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

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

*You will be asked to sign this document upon arrival for your appointment.*

**Submit Form**