midlothian DENTAL CENTER
smile after smile™

HIPAA Consent Form

M. Scott Gore, DDS | Jared Hoover, DDS
Harlan Schufeldt, DDS | Charles Barrett, DDS

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: _____

☐ I authorize the release of information including the diagnosis, records, examination rendered to me and claims information.

This information may be released to:

- ☐ Spouse _____
- ☐ Child(ren) _____
- ☐ Other _____

☐ Information is not to be released to anyone.

The Release of Information will remain in effect until terminated by me in writing

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

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