

# HUMBERT ROAD DENTISTRY

4119 Humbert Road  
Alton, IL 62002

Phone#: (618) 465-8100

Fax#: (618) 462-3530

I understand that, under the **Health Insurance Portability & Accountability Act of 1996 (HIPPA)**, 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 and 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 that you are not required to agree to my requested restrictions, but you do agree that 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 the following person(s) to receive this information:

\_\_\_\_\_

EMERGENCY CONTACT

\_\_\_\_\_

PHONE NUMBER

PATIENT NAME: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PATIENT, GUARDIAN OR PERSONAL REPRESENTATIVE

\_\_\_\_\_

DATE

## OFFICE USE ONLY

On \_\_\_\_\_, Acknowledgement of Receipt of Notice of Privacy Policies Form was delivered. The form was not signed due to:

\_\_\_\_\_ Communication barriers which prevented acknowledgement

\_\_\_\_\_ An emergency which prevented acknowledgement

\_\_\_\_\_ A refusal to sign

\_\_\_\_\_ Other \_\_\_\_\_