

Colliver Dental Group, P.A. - HIPAA Consent & Release Form

Patient Name: _____
(please print name)

I understand that, under the Health Insurance Portability and 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 and follow-up among the multiple healthcare providers who may be involved in that treatment, directly and indirectly obtain payment from third party payers (i.e. my insurance company), conduct normal healthcare operations, such as quality assessments and physician certifications

I have been informed of your Notice of Privacy Practices and have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that Colliver Dental Group, P.A. (CDG) has the right to change this notice, and that I may contact the office at any time at the address above to obtain a current copy it. I further understand that I may request in writing that you restrict how my private information is used to carry out my treatment, payment or health care operations, and understand that CDG is bound to abide by such restrictions. Lastly, 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.

Federal privacy laws prohibit CDG from discussing dental or financial matters for any patient, age 16 or older, with anyone but that patient. If you wish us to discuss your account or dental matters with anyone else, please complete the information below.

I hereby authorize Colliver Dental Group to speak/correspond on my behalf with:

Name _____
Address _____
Phone Number _____
Relationship to Self _____

The office has my permission to address the following matters with the person indicated above:

(please check all that apply)

- Financial Account
- Insurance Issues/Info
- Health/Dental/Treatment Issues (including scheduling)
- I specifically decline discussion of any of these issues with anyone but myself.

Signature: _____

Date: _____