

Quinn Dental, P.A.

Family & Cosmetic Dentistry

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Health Insurance Portability Accountability Act (HIPAA), 1996

<http://www.hhs.gov/ocr/hipaa/finalreg.html>

SECTION A; PATIENT/GUARDIAN GIVING CONSENT

Name: _____

Address: _____

Telephone: _____

SECTION B: TO THE PATIENT/GUARDIAN – PLEASE READ STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy is available upon request.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practice, which will contain the changes.

You may obtain a copy of our Notice of Privacy Practices, including any revisions, at any time by contacting: Quinn Dental, P.A. 3938 Cedar Grove Pkwy. Eagan, MN 55122
651.452.9660

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to our address listed above. Please understand that revocation of this Consent will not effect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT. PLEASE ADVISE US IF YOU WANT A COPY.

I, _____, have received acknowledgement of this office's Notice of Privacy Practices and agrees to them.

Signature Patient/Parent Date: _____

For Office Use:

We attempted to obtain written acknowledgement of receipt of our Notice fo Privacy Practices, but acknowledgement could not be obtained because:

___ Individual refused to sign

___ Communication barriers prohibited obtaining acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement

___ Other (Please Specify)