



HIPAA- Consent for Use & Disclosure of Health Information

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 your 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. We encourage you to read it carefully and completely. We reserve the right to change our policy practices as described in our Notice of Privacy Practices. If we change our policy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may communicate with the following individuals relating to my information:

_____	(please circle) Appointment information	Financial Information	Dental Treatment Information
_____	(please circle) Appointment information	Financial Information	Dental Treatment Information
_____	(please circle) Appointment information	Financial Information	Dental Treatment Information

I understand that if anyone calls regarding any of the above information and their name is not listed on this form, Brooks Family Dental PC will not provide any information.

Patient Name

Date

Signature