



WHITE OAKS DENTAL

Effective April 14, 2003, the new federal law known as the **Health Insurance Portability and Accountability act of 1996 (HIPAA)** requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements we are offering you a copy of our Notice of Privacy Practices. The Notice of Privacy Practices contains the information that HIPAA requires us to discuss regarding our privacy practices.

From time to time it may be necessary for us to make disclosures of your information in connection with our treatment or insurance claims. For example, we may make a referral to or consult with another dentist or health care professional or make disclosures of your information in connection with providing and coordinating your dental treatment.

By signing this form, I acknowledge that I have either received or reviewed a copy of the Notice of Privacy Practice and that I give White Oaks Dental consent to disclose my information to the person/persons listed below. I understand that this consent will remain in effect unless a written cancellation has been provided to White Oaks Dental.

Patient Name (Print)

Patient Signature

Date

Legal Guardian/Power of Attorney Consent

Name of Legal Guardian/POA (Print)

Signature of Legal Guardian/POA

Relationship to Patient

Date

Disclose my information with the following individuals:

Name:

Date of Birth:

Type of Information that may be discussed:

Appointment Financial/Insurance Treatment

Appointment Financial/Insurance Treatment

Appointment Financial/Insurance Treatment

For Office Use Only

Patient refused to sign

An emergency prevented the parent/guardian from signing this.

The following circumstances prohibited the patient from signing: _____

Date: _____

Office Personnel Signature: _____ Printed Name: _____