



Cocoa Beach Family Dentistry

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice.

The terms of this notice may change, if so, you will be notified at your next visit to update your signature/date. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare options.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare options.
-The practice reserves the privacy policy as allowed by law.
-The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
-The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
-The practice may condition receipt of treatment upon execution of this consent.

May we phone, email or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any family member or person? YES NO

If YES, please list the individuals and contact information:

Three horizontal lines for listing individuals and contact information.

This consent was signed by: _____ (PRINT NAME HERE)

Signature: _____ Date: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT

For office use only: Patient refused to sign due to the following circumstances :

Two horizontal lines for office use only notes.