

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION
CLEMSON FAMILY DENTISTRY

As regulated by federal regulations, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Notice of Privacy Practice describes how your health information can be used, how you can get access to this information, and how we are required to maintain the privacy of your health information. HIPAA is a federal program that requires all medical records and other identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, rights to understand and control how your health information is used

We may use or disclose your medical records only for treatment (example: teeth cleaning), Payment (example: filing insurance for payment), and health care operations (example: sending reminder cards). We may contact you in a variety of different ways. Whether it be by telephone, fax, email, voicemail, postcards, or letters. Any other use and disclosures will be made only with your written authorization.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. If you have any questions, please contact Renea L. Masters (HIPAA compliance officer) at our office at 654-5733. If you agree to these terms, please sign and date below.

Signature _____ Date _____

If parent or gaurdian to patient, please fill, sign, and date.

Patient's Name _____

Signature _____ Date _____