

Apelgren Dental
3938 Cedar Grove Pkwy.
Eagan, MN 55122
651-452-9660

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Health Insurance Portability Accountability Act (HIPPA), 1996

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

Section A: Patient/Guardian Giving Consent

Patient 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: Apelgren Dental, 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 you revocation submitted to our address listed above. Please understand that revocation of this Consent will not affect 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 would like a copy.

I, have received acknowledgement of this office's Notice of Privacy Practices and agree to them:

Signature: _____

Date: _____

We attempted to obtain written acknowledgement of our Notice of 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)