

A Plus Endodontics
Fuwad Al-Sabek DMD, MS

HIPPA CONSENT

Consent for Release of Information for Treatment, Payment, and Health Care Options

The Health Insurance Portability and Accountability Act (HIPAA) requires that A Plus Endodontics make available to you a description of how medical information about you may be used or disclosed and how you can get access to this information. This is called the Notice of Privacy Practices and copies are available on the receptionist's desk and waiting room. I acknowledge that a copy of this notice has been made available to me. Initials _____

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by you authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

I, _____, authorize A Plus Endodontics to use or disclose my health information to carry out my treatment, obtain payment, and for health care operations.

In addition to the above, I authorize the following:

1. My medical condition and information may be discussed with the following persons:

Name _____ Relationship _____
Name _____ Relationship _____

- | | | |
|--|-----|----|
| 2. Leave a message on my phone voice mail or answering machine: | Yes | No |
| 3. Leave a message with a person who answers my home phone: | Yes | No |
| 4. Receive mail at home from A Plus Endodontics other than billing statements: | Yes | No |
| 5. Contact me at work and tell them who is calling if asked: | Yes | No |
| 6. Leave a message on my work phone voice mail or answering machine: | Yes | No |

Signature of patient (or Patient's representative)

Date

Printed name of patient (or patient's representative)

Representative's relationship to patient