oakbrook
ORTHODONTICS

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HIPAA CONSENT FORM

I give Oakbrook Orthodontics my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality review.

I have been given information that I may review Oakbrook Orthodontics Notice of Privacy Practices (for a more complete description of use and disclosures) before signing this consent.

I understand Oakbrook Orthodontics is a paperless office and after registering all my information provided by me into their computer management system, all my paperwork will be shredded to preserve my privacy.

I understand that Oakbrook Orthodontics has the right to change their privacy practice and that I may obtain any revised notice at the practice.

I understand that I have the right to request restriction of how my protected health information is used. However, I also understand that the practice is not required to agree to the request. If the practice agrees to my requested restrictions, they must follow the restriction.

I also understand that may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Signature: _____ Date: _____

If minor relationship to minor: _____