

OPTIMA DENTAL
222 COMMERCE CIR
BRISTOL, PA 19007
(215)458-8161

HIPPA FORM

DATE: _____

PATIENT NAME: _____ DOB: _____

I have received this practice's Notice of privacy practices written in plain language. The notice provides in detail the use and disclosures of my protection health information that may be made by the practice, my individual right and the practices legal duties with respect to my protected health information's notice includes. A statement that this practice is required to abide by the terms of the notice currently in effect.

. type of use and disclosure that this practice is permitted to make each of the following purposes.

-Treatment

-Payment

-Healthcare operation

. A description of each of the purposes for which this practice is permitted or required to use or disclose and protect health information without my consent or authorization.

. A description of uses and disclosures that are prohibited or materially limited by law.

. A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization.

. My individual right with respect to protected health information and brief description of how I may exercise these rights in relation to:

. The right to request restrictions on a certain uses and disclosures of protected health information, and this is not required to agree to a requested restriction.

. The right to receive confidential communication of protected health information.

The right to inspect and copy protected health information. The right to amend protected health information. The right to receive an accounting of disclosures of protected health information. The right to abstain HIPPA form this practices upon request. This practice serves the right to change the terms of its HIPPA form and make new provisions effective for all protected health information that it maintains. I understand that I can obtain tis practice's currant HIPPA form.

SIGNATURE: _____ RELATION TO PATIENT: _____