

PURE DENTAL HIPAA CONSENT FORM



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HIPAA-Notice of Privacy Practice

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practice is to explain how Pure Dental may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations.

Though Pure Dental has always taken great care to protect the integrity and confidentiality of your health care information, we are required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have received the Notice.

Signing below indicates that you have received the Notice of Privacy Practice. If you have any questions, please let us know.

I hereby acknowledge that I have received a copy of Pure Dental Notice of Privacy Practices.

Signature of patient/guardian

Permission to Share Dental/Medical Information

My Dental/Medical information may be obtained and exchanged verbally to: _____
Name/Relationship

Signature of patient/guardian

Permission to Bill Your Insurance

All professional services rendered are charged to the patient. Necessary forms will be completed by Pure Dental to help expedite insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage.

I understand my signature authorizes releasing of the information to the insurer or agency given to Pure Dental for participating health insurance plans.

Signature of patient/guardian

Date