

# Patients HIPAA Awareness

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With my permission, Glendale Boutique Dental, may use and disclose Protected Health Information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Glendale Boutique Dental's notice of privacy Practices a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing the consent. Glendale Boutique Dental reserves the right to revise its Notice of Privacy Practice at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Glendale Boutique Dental may call my home or other designated locations and leave message on a voice mail or in person in reference to any items that assist the practice in carrying out TPO. Such include appointment reminders, insurance items, laboratory results and any calls pertaining to clinical care.

With my permission the office of Glendale Boutique Dental may email my home or other designated location and carry out other TPO such as appointment reminder cards and patient statements. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound to this agreement.

By signing this I am allowing Glendale Boutique Dental to use and disclose my PHI for THO. I may revoke my consent in writing and the practice will not disclose information from the date of the revocation. Any Disclosures made prior to revocation will be under this consent.

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Print Name of Patient or Legal Guardian

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Signature of Patient or Legal Guardian

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Date

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