

Ft. Myers Dental Care
15620 McGregor Blvd. Suite 135
Ft. Myers Fl. 33908
239-482-5900

Patient Hipaa Consent Form

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal care information is protected for privacy; the Privacy Rule was also created in order to provide a standard for health care providers to obtain their patients' consents for uses and disclosures of health information about the patient to carry out treatment, payment, and/or health care operations.

As our patient we want you to know that we respect the privacy of your personal dental records and will do all we can to secure and protect that privacy.

When it is appropriate and necessary, we provide the minimum necessary information to only those we feel need your health care information and information about your treatment, payment, or health care operations.

We may have indirect treatment relationships with you (such as other dental specialist, primary care physicians, and/or ENT) and we may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previous signed consent.

If you have an objection to this form, please ask to speak with our HIPAA Compliance Officer. You have the right to review our privacy notice, to request restrictions, and to revoke consent in writing after you have reviewed our privacy notice.

Our staff will leave doctors name and appointment time with an answering service or any persons taking your messages. If you give permission for this please initial box.

Any other individuals you would like us to release information to: _____

Print name: _____ Signature: _____

Date: __/__/__