

Atwal Dental Care
Dr. Inderpreet Atwal
501S. Main St
North Syracuse, NY 13212
315-452-1020

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I understand that I have certain rights to privacy regarding my protected health information As defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent, I authorize you to use and disclose my protected health information to carry out:

- Treatment, including direct or indirect treatment by other healthcare providers Involved in my care.
- Obtaining payment or preauthorization from third party payers (e.g. my insurance company).
- The day-to-day healthcare operations of your practice.

I have also been informed of, and given the right to review and obtain a copy of your *Notice of Privacy Practice*, which contains a more complete description of the uses and disclosure of my protected health information, and my rights under HIPAA.

I understand that you reserve the right to change the terms of this notice and that I may obtain a current copy of this notice at any time.

I understand that I may revoke this consent in writing at any time, however any use or disclosure that occurred prior to the revocation is unaffected. I also understand that you may decline to treat me if I revoke this Consent.

Whom may we discuss your dental treatment and finances with?

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Print Patient Name: _____

Relationship to Patient _____

Signature: _____

Date: _____

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