

Calcutta Family Dentistry
48959 Calcutta Smith Ferry Road
East Liverpool, OH 43920
330.385.4126

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
PERMISSION TO DISCUSS DENTAL TREATMENT

In the event that you may want a family member or friend to discuss your dental treatment with our office, we must have permission/consent in writing from you to do so. In section "A" please list any person you give Calcutta Family Dentistry permission/consent to discuss your information such as x-rays, account information, treatment, etc.

If you do not wish to give consent to any person, please check section "B" below, sign and date the bottom portion of this form. You must choose one option.

If the patient is a minor, we will discuss dental treatment with either parent or guardian.

A. ____ I hereby give permission/consent to Calcutta Family Dentistry to discuss any and all dental information with the named individuals below.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

B. ____ I do not want Calcutta Family Dentistry to discuss any of my dental treatment with anyone other than me.

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

I, _____, understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Signature: _____

Date: _____