

**PATIENT HIPPA AWARENESS**

With my permission, Cosmetic Dentistry Associates may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations. Please refer to Cosmetic Dentistry Associates Notice of Privacy Practices (found in the reception room) for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Cosmetic Dentistry Associates reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer, Denise Tuohy.

With my permission, the office of Cosmetic Dentistry Associates may call my home or other designated locations and leave a message on voice mail or in person in reference to any item's that pertain to my clinical care, including laboratory results among others.

With my permission, Cosmetic Dentistry Associates may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my permission, Cosmetic Dentistry Associates may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Cosmetic Dentistry restrict how it uses or discloses my PHO to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing Cosmetic Dentistry Associates to use and disclose my personal information for treatment plan operations. (TPO)

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

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Signature of patient or legal guardian      Date      please print name

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Patient      Date      please print name