

Heritage Lake Dental

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HIPAA Patient Consent Form

In April of 2003, new federal requirements regarding privacy of information for health care patients take effect. HIPAA, the Health Insurance Portability Act requires that all medical providers, insurance companies and others put in place controls to ensure that your medical information is safe.

Wong & Smolnicky P.C. requests that each patient sign this consent form which allows us to share protected health information with other physician offices, your hospital and insurance company. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent.

Authorize

Not Authorized

Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, parents or others to call and request the results of exams and procedures. Under the requirements for HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your information released to family members you must authorize and sign this form. Signing this form will only give consent to release treatment plan and account information to the family members indicated below. This consent form will not allow Wong & Smolnicky P.C. to release any other information to these family members.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I authorize Wong & Smolnicky P.C. to release my treatment plan/ account reports to the following individuals:

1. _____ Relation to Patient _____ Date _____

2. _____ Relation to Patient _____ Date _____

Authorize

Not Authorized

Authorization to Leave Message with Household Members/Answering Machine

From time to time it is necessary for representatives of Wong & Smolnicky P.C. to leave messages for patients. The purpose of these messages is to remind patients that they have an appointment, to notify the patient that the staff would like to discuss lab or procedure results or to ask a patient to call the office regarding an issue or concern. At no time will a representative of Wong & Smolnicky P.C. discuss your medical circumstances or condition without your consent. The purpose of this consent is to leave messages with members of your household or on your answering machine.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Authorize

Not Authorized

Signature of Patient or Representative _____ Date _____

Name of Patient or Representative _____ Date _____