

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Pertaining to HIPAA and Notice of Privacy Practices

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practices is to explain how Raptou Family Dental, Inc. may use or disclose your protected health care information to carry out treatment, payment activities, and healthcare operations. We are committed to maintaining the privacy of your health information and we have implemented numerous procedures to ensure that we do so. The Notice also explains the rights that you are guaranteed under HIPAA regulations.

Our Notice of Privacy Practices is available for you to view on our website at www.raptou.com, or a copy can be obtained by contacting our office. Signing below indicates that you have had the opportunity to review the Notice of Privacy Practices.

I certify that I have had the opportunity to review the Notice of Privacy Practices of Raptou Family Dental, Inc.

Patient Name (printed) _____

Responsible Party (if patient is a minor) _____

Relationship to Minor Patient _____

Signature _____

Date _____