

**PATRIOTS PARK DENTAL**  
**Health Insurance Portability and Accountability Act (HIPAA)**  
**Notice of Privacy Policies**

I am aware of the HIPAA policies and practices for Patriots Park Dental. I will be provided a copy of the Notice of Privacy Practices on Patriots Park Dental's website or in the office if requested. I understand I am giving permission to Patriots Park Dental and any health care professional/office, laboratory, pharmacy or other covered health care provider to include dental insurance companies regarding my dental services/conditions past, present or future. I understand the authority given has no expiration. I also understand I have the right to revoke permission if done in writing and delivered to Patriots Park Dental.

I authorize the disclosure of any information governed by HIPAA to be provided to the following persons:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ relationship: \_\_\_\_\_

Patient's Name (Please Print) \_\_\_\_\_

Patient/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_