

PATIENT HIPAA AWARENESS

With my permission the orthodontic practice of Melvyn M. Leifert, D.D.S., P.C. (hereafter referred to as "the office") may use and disclose protected health information (PHI) about me or my child to carry out treatment, payment, and healthcare operations (TPO). Please refer to the office's Notice of Privacy Practices 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. The office 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.

With my permission, the office may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my or my child's clinical care, including laboratory results among others.

The office is engaged in clinical research projects with the overall intent of continually improving the quality of orthodontic care rendered. Permission is granted to utilize orthodontic records for teaching and scientific publications.

With my permission, the office 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 the office restrict how it uses or discloses my PHI to carry out TPO. However, the office is not required to agree to my requested restrictions, but it is bound by this agreement.

By signing this, I am allowing the office to use and disclose information for PHI and 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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Patient's Name Date

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Signature of Patient

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Signature of Parent or Legal Guardian if the patient is a minor