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PATIENT GIVING CONSENT: Name: _____

Date: _____

HIPPA Patient Consent Form

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

Gentle Care Family Dentistry requests that each patient sign this consent form which allows us to share protected health information with other physician offices, dental specialist, dental lab, hospital lab and dental 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, 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 test and procedures. Under the requirements for H.I.P.P.A we are not allowed to give this information to anyone with 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 basic dental treatment, insurance payment, co-pays, and insurance information to the family members indicated below.

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

I authorize **Gentle Care Family Dentistry** to release and discuss your dental information to them. (For example, if you want us to be able to discuss dental information to your husband/wife, you must list their names below. This includes discussing fillings, crowns, bridges, patient's co-pays, insurance payments with them.) In addition, the account holder (not necessarily the insurance holder) may receive dental information on mailed billing statements (example... John had cleaning on 01/01/07, Mary had filling on 01/01/07).

1. _____ Relationship to Patient _____ Date _____

2. _____ Relationship to Patient _____ Date _____

_____ Authorize

_____ Not Authorized

Signature of Patient or Representative: _____