

# Steven J. Schneider DDS

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## HIPAA Notice of Privacy Practice

Our notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent. The HIPAA (Health Insurance Portability and Accountability Act) law allows for the use of the information for treatment, payment, or healthcare operations. I acknowledge that I have received a copy of Steven Schneider's HIPAA Notice of Privacy.

By signing this form you consent to our use and disclosure of your protected healthcare information. By signing this form I understand that:

- Protected health information may be disclosed or used for treatment, payment or healthcare operations
- The practice reserves the right to change the privacy policy as allowed by law
- The practice has the right to restrict the use of information, but the practice does not have to agree to those cease
- The practice may condition receipt of treatment upon execution of this consent

I authorize the release of information including the diagnosis, records, x-rays, and claim information.

***May we discuss your dental conditions with any member of your family or close person?***

***If YES, please name the family member(s) or persons allowed:***

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Authorized person and relation to patient

Phone number

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Authorized person and relation to patient

Phone number

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Patient name (Signature)

Date