

HIPPA CONSENT

(HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)

RIDGEPOINTE DENTAL
152 N. RANDALL RD.
LAKE IN THE HILLS, IL. 60152

PATIENT CONSENT FORM

THIS IS A FEDERAL PROGRAM THAT REQUIRES ALL MEDICAL RECORDS AND OTHER HEALTH INFORMATION USED OR DISCLOSED BY US ARE KEPT CONFIDENTIAL.

THIS MAY PERTAIN TO RECORDS THAT ARE DISCLOSED ELECTRONICALLY, ON PAPER OR ORALLY.

BY SIGNING THIS FORM, YOU CONSENT TO OUR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

Hippa requires us to have this form signed and kept in your records

Patient signature

Date

Patient signature

Date

Patient signature

Date

Patient signature

Date

Patient signature

Date

Patient signature

Date