HIGHLAND
DENTAL

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CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.
Notice of Privacy Practices: The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program requiring all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.
This Act gives, you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.
The following is an explanation of how we are required to maintain the privacy of our health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations, and when required by law. Treatment means providing coordination or managing health care and related services by one or more health care providers. An example of this would include sending documents to an oral surgeon for a tooth extraction or contacting your pediatrician regarding treatment. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your treatment to your insurance company for payment. Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and
services that may be of interest to you.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.
You may obtain a copy of this form, including any revisions of this Consent, at any time by contacting us.
You have the following rights with respect to your protected health information, which you may exercise by presenting a written request to our Privacy Officer:
The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
The right to inspect and copy your protected health information.
The right to amend your protected health information.
The right to receive an accounting of disclosures of protected health information.
The right to obtain a paper copy of this notice from us upon request.
The right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Dental Office.
Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation and that we may decline to treat the patient or to continue treating the patient if you revoke this Consent.

Health Information Only

I consent to receive text messages for appointment reminders, feedback, and general health reminders/information to the contact information I provided. I consent to receive communication, including text messages, to any number forwarded or transferred to my phone, cell phone, or emails to receive communication as stated above. I understand this applies to all future appointment reminders/feedback/health information unless I request a change in writing.

Marketing Only

I consent to receive text messages for promotional information to the contact information I provided.
I consent to receive communication, including text messages, to any number forwarded or transferred to my phone, cell phone, or emails to receive communication as stated above. I understand this applies to all promotional communications unless I request a change in writing.

Health and Marketing Information

I consent to receive text messages for appointment reminders, feedback, general health reminders/information, and promotional information to the contact information I provided. I consent to receive communication, including text messages, to any number forwarded or transferred to my phone, cell phone, or emails to receive communication as stated above. I understand this applies to all future appointment reminders/feedback/health information/promotional information unless I request a change in writing.

I understand the above information and agree with its contents, and this will serve as my electronic signature.

Signature: _____