DOWNEY
DENTAL HEALTH

BRIAN OLVERA, D.D.S.
KENNETH N. FERRARO, D.D.S

8327 DAVIS STREET, SUITE 100 • DOWNEY, CA 90241 TEL: (562) 869 - 3037 • FAX: (562) 861 - 0943

Patient Consent Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment for third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your *Notice of Privacy Practices*, which contains a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practices* prior to signing this consent. I understand that you organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact your office at any time at the address listed above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that your organization restrict how my private information is used or disclosed to carry out treatment, payment, and healthcare operations. I also understand that your organization is not required to agree to these requested restrictions, but that if your organization does agree to them, then your organization is bound to abide by restrictions.

I understand that I may revoke this consent in writing at any time except to the extent that your organization has already taken action based on this consent.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____