

"PRIVACY RULE" CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. It was also created to provide a standard for certain healthcare providers to obtain the patients' consent to use and disclose health information to carry out treatment and insure payment.

We respect your right to the privacy of your personal dental records and will do all we can to secure and protect them. However, in some instances it may become necessary to release information to laboratories, pharmacies or other dentists or physicians in order to fulfill our commitment to maintain your health. Be assured, you have our full support to access your own records any time we are available.

By signing this consent form, you are giving us permission to release certain information for the reason mentioned above. It also allows us to mail reminder cards addressed to you and leave message on your voice mail regarding your appointments or account. You have the right to revoke your consent at any time with a written and signed notice.

Print Name: _____

Signature: _____ Date: _____

**Office of Jennifer A. Vicente, DDS
Vicente Family Dentistry**

COMPLIANCE ASSURANCE NOTIFCATION FOR OUR PATIENTS

To our Valued Patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patient inconvenience and expense. Our staff continually undergoes training so that we may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability a (HIPAA) with particular emphasis on the "Privacy Rule".

We strive to achieve the very highest standards of ethics and integrity in performing services for our patients. It is our policy to properly determine appropriate use of PHI in accordance with the laws. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI.