



Privacy Practice/Electronic Communication

Name: _____ Date of Birth ___/___/___

Release of Information

I understand 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 among the multiple healthcare providers who may be involved in that treatment both directly and indirectly.
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and doctor certifications

*I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that NOVA Family dental has the right to change its Notice of Privacy Practices from time to time and that I may contact them at any time to obtain a current copy of the Notice of Privacy Practices. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand that you are not required to agree to my requested restrictions, but if you do then you are bound to abide by such restrictions.

I would like to give the following individuals authorization to discuss matters relating to my treatment and account. I understand without this consent, no one, other than myself, will be able to discuss these matters. This authorization will remain in effect until withdrawn by you in writing.

- Spouse: _____
- Children: _____
- Other: _____

Electronic Communication

Please contact me via : Email Text Phone Call

By signing this form you are agreeing to allow NOVA Family Dental to communicate with you via your preferred method chosen above. I am responsible for providing the dental practice with any updates to my contact information.

Preferred Number: _____

Preferred Email: _____

*Be aware that there is some level of risk that third parties may be able to read unencrypted emails. You can withdraw your consent for electronic communication at any time by calling NOVA dental and requesting to withdraw.

Patient/Guardian Signature: _____ Date: ___/___/___