BEAVERTON PERIODONTICS & IMPLANT SOLUTIONS

HIPAA Consent Form & Disclosure Authorization

Name: _____DOB_____/_____/_____

Consent: By signing this form, you do consent to our use and disclose of your personal health information to carry our treatment, payment activities and other healthcare operations required by this office. You acknowledge you are aware of our need to share your protected personal health information and have received your patient rights notification explaining in detail our office privacy policy and information sharing policy.

Right to revoke: You have the right to revoke this consent at any time by giving us written notice. We will honor the request as of the day we receive your written notice. Please understand it will not affect any action taken before we received your revocation and we may decline to treat you or to continue treating you if you revoke this consent.

Changes to Privacy Practices: We reserve the right to change our privacy practices described in our Patients Rights Privacy Policy and Information Practices. If we change our practices we will issue a revised Patients Rights Privacy Policy and Information Practice Statement.

Patient Responsibility: We request timely notification of any changes to your personal information we maintain for you, such as but not limited to, health history information, address, telephone number, active insurance policy, or change in employer.

Minor Children also covered by this consent

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

List of individuals with whom we may leave messages and/or discuss your health records with (not doctors)

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Authorization

I have read and understand the above information. I understand that by signing this form I am giving my consent for Beaverton Periodontics to use and disclose my protected health information to carry out treatment, payment activities and health care operations.

Signature of Patient, Parent, or Guardian _____ **Date:** _____