



## HIPAA CONSENT FORM

Advanced Orthodontics  
2202 State Ave, Suite 200  
Panama City, FL 32405

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

### HIPAA- Notice of Privacy Practices

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practices is to explain how Advanced Orthodontics may use or disclose your protected health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Our Notice of Privacy Practices is available for you to view on our website, [www.advancedorthodontics.info](http://www.advancedorthodontics.info), or a copy can be obtained by contacting our office. Signing below indicates that you have had the opportunity to review the Notice of Privacy Practices.

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. We may contact you by mail, telephone or email. You may, at any time, opt out of these communications by contacting the office. We will use the minimum necessary amount of protected health information in any communication.

\_\_\_\_\_  
(initial) I certify that I have had the opportunity to review the Notice of Privacy Practices of Advanced Orthodontics.

\_\_\_\_\_  
(initial) I give Advanced Orthodontics permission to discuss treatment with anyone who brings me/my child to appointments.

Name of Responsible Party \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_