

HIPPA Patient Consent Form Rosemarie Marquez DMD PA

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Without this signature we cannot file your insurance, or release "any" information to anyone. I, _____, have received a copy of this notice of privacy practices, **AND I GIVE MY PERMISSION** should it be necessary to release information. This copy will be retained in my file.

Due to the **HIPAA Compliance Privacy and Security Laws of the Federal Government**, it is mandatory that we ask you to review and answer the following questions listed below.

May we leave messages regarding your medical information and upcoming appointments on voicemail at either of these phone numbers?

Yes No Home Phone: _____
 Yes No Cell Phone: _____

May we contact you at your place of employment? Yes No
If so, may we leave a message? Yes No
If yes: Work Phone: _____ Extension: _____

Do you have any particular person or family members that you authorize to receive and discuss information regarding your personal health information including general information, surgical and billing?

Yes No If yes, please provide:

Name: _____ Relationship: _____

Primary Phone Number: _____

Is this person your Power of Attorney for medical purposes? Yes No

I hereby authorize Rosemarie Marquez DMD PA to obtain or release any and all pertinent health information regarding my medical care and treatment to any healthcare provider or third party as needed to optimize my medical care. **This authorization remains in effect until revoked in writing.**

I have reviewed Rosemarie Marquez DMD PA Notice of HIPAA Privacy Policy. A copy of this policy will be provided to me upon request.

Patient Signature: _____ Date: _____

WITNESSED BY: _____

THE PRACTICE MAY CONDITION TREATMENT UPON EXECUTION OF THIS CONSENT. YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT.

For office use only

DO NOT WRITE BELOW THIS LINE

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

1. Individual refused to sign
2. Communication barriers prohibited obtaining this acknowledgement
3. An emergency situation prevented us from obtaining acknowledgement