



*Notice of Privacy Practices Patient Consent Form*

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you and contains a patients' rights section describing your rights under the law. You have the right to review our notice before signing this consent. The terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment and health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made pursuant to your prior consent. Our office provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that:

- Dunkirk Dental may disclose my protected health information for treatment, payment and health care operations.
- I may review Dunkirk Dental's Notice of Privacy Practices.
- I have the right to restrict the use of my information and Dunkirk Dental does not have to agree to those restrictions.
- Dunkirk Dental reserves the right to change the Notice of Privacy policies.
- I may revoke this consent in writing at any time and all future disclosures may cease.
- Dunkirk Dental may condition treatment upon execution of this consent.

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Signature (parent or legal guardian signature if patient a minor)

Date

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Print Name

Relationship to Patient

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Dunkirk Dental Representative Signature