



Dental Home and HIPAA Consent

Patient Consent to Treatment

I hereby give Mainely Teeth permission to treat me today. By signing below I acknowledge that Mainely Teeth will provide preventive care only in the mobile clinic setting, and will establish care with a dentist at our brick and mortar office for yearly routine comprehensive/periodic exams, and all other needed dental services; excluding endodontic treatment, implants or veneer services.

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

I understand that under the Health Insurance Portability and 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 health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that the organization has the right to change its Notice of Privacy Practices from time to time and then I may obtain a current copy of Notice of Privacy Practices.

I understand that I'm a 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 you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at anytime, except to the extent that you have taken action relying on this consent.

Name of Patient or Guardian

Signature of Patient or Guardian

Signature