

MARY MAKHLOUF, DMD, MS, PA

**HIPAA CONSENT FORM
FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

TO OUR VALUED PATIENTS:

Patient information will be maintained by Mary Makhlof, DMD, MS, PA as described by the Notice of Privacy Practices contained in the Corporate Compliance Program and in compliance with federal and state regulation. You may obtain a copy of the Notice of Privacy Practices by contacting our Practice Administrator.

Mary Makhlof, DMD, MS, PA reserves the right to release your healthcare information based upon a decision by Dr. Makhlof for medical emergency situations and in general for continuity of care. We will release your information to third party payers in order to receive payment for services. We will use your healthcare information as needed to maintain our internal operations. We will release your information to anyone else that you may elect in writing to receive it. We will release information related to any work related injury to your employer. For continuity and quality of care, we may also receive information regarding your prescriptions from your pharmacy.

We reserve the right to:

- Contact you (call, email or text) regarding your next appointment and/or leave Information on your answering machine.

At what number(s) would you prefer to be contacted? _____ - _____ - _____

If we cannot reach you at the above number(s), numbers from your registration form will be used.

If there is anyone that you would like us to share your health information with, please list the names below and any restrictions you may want to apply:

If there is anyone that you would like us to share your account (financial) information with, please list the names below:

I have read and understand my rights.

Signature of patient or legal guardian

Date

Signature of witness

Print the name of patient above

DOB