



NORTHERN DENTAL GROUP

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Patient Record of Disclosures-HIPAA Omnibus Rule

In general, the Health Insurance Portability and Accountability Act (HIPAA) privacy rule gives individuals the right to request a restriction on uses and disclosures of their Protected Health Information (PHI). The individual is also provided with the right to request confidential communication, or communication of PHI, by alternative means, such as sending correspondence to the individual's office, instead of the individual's home.

I authorize contact from this office to confirm my appointments, treatment & billing information via:

- Phone Call — Cell Phone#: _____ Home #: _____ Work #: _____
- Voicemail Messages
- Text Messages
- Email — Email address: _____
- Mail to Home Address on File
- Any of the above

Permission to Use and Disclose Health Information

My protected health information may be used or disclosed for treatment, payment, healthcare operations, and as permitted or required by law.

I understand that unencrypted email or text messaging may carry privacy risks.

Emergency Contact and Information Release: Who may we contact in case of an emergency as well as share your health information with. I understand I may revoke or change this authorization at any time in writing.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone # _____	Phone # _____

Acknowledgement:

I acknowledge I have received, reviewed, or been offered a copy of Northern Dental Group, PC's Notice of Privacy Practices (NPP).

My signature will also serve as a PHI document release should I request treatment or radiographs be sent to other attending Doctor/Facility in the future.

Patient or Personal Representative Signature Date: _____

Relationship to Patient: (please circle one): Self Parent Legal Guardian