

# Ellettsville Dental Center

5915 West Highway 46 · P.O. Box 518 · Ellettsville, IN 47429

Telephone: (812) 876-7330

**HIPAA INFORMATION:** I acknowledge that I have received and read a copy of the HIPAA Notice of Privacy Practices. This notice describes how my Protected Health Information about me may be used and disclosed and how I can access this information. The Notice of Privacy Practices is based on current federal law and subject to change based on changes in federal law and subject to change based on changes in federal law or subsequent interpretative guidance.

Initial \_\_\_\_\_

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION:** I authorize my provider to release information from my health information to my insurance carrier(s) for processing of claims for my benefit. I request that my insurance company(s) honor my assignment of insurance benefits applicable to the services and pay all assigned insurance benefits directly to my provider, on my behalf.

Initial \_\_\_\_\_

**CONTACT INFORMATION FOR PROTECTED HEALTH INFORMATION:** I request that the following be followed for the disclosure of my Protected Health Information (which includes your name, diagnosis(es), test results, dates of services).

Please check all that apply

- You may disclose information to my family members or non-family members (please list name, phone number, and relationship)

Name	Phone Number	Relationship

- You may leave Protected Health Information on my answering machine/voicemail  
Phone Number: \_\_\_\_\_
- Text appointment confirmation: \_\_\_\_\_
- E-mail correspondence: \_\_\_\_\_
- Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_