Hummelgard Dentistry

HIPAA CONSENT

Please update patient information;

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

ARE WE ALLOWED TO LEAVE A DETAILED TEXT OR EMAIL MESSAGE?

YES NO

IT IS THE PATIENTS RESPONSIBILITY TO KEEP PHONE NUMBERS, EMAIL AND ADDRESSES UP TODATE. WE WILL CONFIRM VIA EMAIL, TEXT AND PHONE CALLS

TO WHOM MAY WE SHARE YOUR PROTECTED HEALTH INFORMATION WITH?

NAME: _____RELATIONSHIP: _____PHONE: _____

NAME: _____RELATIONSHIP: _____PHONE: _____

NAME: _____RELATIONSHIP: _____PHONE: _____

PHARMACY INFORMATION:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____

Allergies: _____

NOTICE OF PRIVACY PRACTICES AND OFFICE POLICY

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE PRIVACY POLICY NOTICE (HIPAA) AND OFFICE POLICIES AND PROCEDURES. WE WILL ONLY USE YOUR PROTECTED HEALTH INFORMATION (PHI) FOR THE PURPOSE OF TREATMENTS, PAYMENTS, HEALTHCARE OPERATIONS, AND COORDINATION OF CARE.

Photographs, x-rays, and digital images may be used for diagnosis, documentation, reference, teaching, social media, and research publication. In some instances, you may be recognizable in some of these images. Please initial the following:

_____ I authorize the use of images and radiographs for the patient listed above

_____ **I DO NOT** authorize the use of images and radiographs for the patient listed above

INFORMED CONSENT AGREEMENT

I give consent to receive dental treatment deemed necessary by the providers at Hummelgard Dentistry. These procedures include, but are not limited to examinations, oral prophylaxes, fluoride treatments, sealants, fillings, crowns, bridges, implants, dentures, periodontal treatment, extractions and the use of local anesthetic and nitrous oxide. I understand that the use of local anesthetics carries a small risk for swelling, bruising, allergic reaction, changes in pain perception, or in rare cases, prolonged or permanent nerve damage. This consent shall be considered in effect until rescinded or revoked in writing.

PATIENT SIGNATURE (PARENT OR GUARDIAN) DATE

THIS DOCUMENT SHALL EXPIRE ON 12-31-2028