



## HIPAA Consent Form

I consent to the use or disclose of my protected health information (PHI) by SmilePerfect, for the purpose of Treatment, Payment, and Health Care Operations.\* I have received a copy of the Notice of Privacy Practices and understand I have a right to review prior to signing this document.

**I UNDERSTAND:**

- o Service to me may be conditioned upon my consent as evidenced by my signature on this document.
- o I have the right to request a restriction as to how my PHI is used or disclosed to carry out treatment, payment or health care operations of the practice. SmilePerfect is not required to agree to the restrictions that I may request. However, if SmilePerfect agrees to a restriction that I request, the restriction is binding on SmilePerfect.
- o I have the right to revoke this consent, in writing, at any time, except to the extent that SmilePerfect has taken action in reliance on this consent.
- o My PHI means health information, including my demographic information, collected from me and created or received by my doctor, another health care provider, a health plan, and a health care clearinghouse. This PHI relates to my past, present or future physical or mental health or condition and identifies me; or, there is a reasonable basis to believe the information may identify me.

**THE NOTICE OF PRIVACY PRACTICES DESCRIBES:**

- o The types of uses and disclosures of my PHI that will occur in my treatment, payment of my bills or in the performance of health care operations performed by SmilePerfect.
- o My rights and the duties of SmilePerfect with respect to my PHI.

SmilePerfect reserves the right to change its privacy practices. For any information on current or revised notices, please call our office.

Full Name (PLEASE PRINT) \_\_\_\_\_.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_.

\***Treatment** includes activities performed by a dentist, hygienist, dental assistant, office staff, and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers. **Payment** includes activities involved in paying your treatment, billing, insurance, etc. **Health Care Options** includes the necessary administrative and business functions of our office.

SmilePerfect Galleria  
906 NE 26<sup>th</sup> Avenue  
  
Ft. Lauderdale, FL 33304  
954.566.0751

SmilePerfect Plantation  
180 SW 84<sup>th</sup> Avenue  
Suite D  
Plantation, FL 33324  
954.476.4535

SmilePerfect Deerfield  
10 Fairway Drive  
Suite 101  
Deerfield Beach, FL 33441  
954.421.6400

SmilePerfect Boca Raton  
7301 W Palmetto Park Rd  
Suite 206B  
Boca Raton, FL 33433  
561.347.0105