

# Stummer Dental and Sleep Medicine Group

## *HIPAA Patient Consent*

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Please Print

Dr. Stummer and Staff (the "Practice") abide by the HIPAA guidelines as set by the Federal Government.

You, as the Patient, expressly understands and may agrees to the following:

**Reminders of upcoming scheduled appointments may be left on a household answering machine, or with a family member. Reminders may also be sent via a postcard, text message or voice mail message.**

**The practice may leave a voice mail or text message on my personal cell phone of any nature, including upcoming treatments, medications, and follow-up information if I have provided my cell number.**

**Protected health information may be disclosed or used for treatment, payment or healthcare options.**

**The practice has a "notice of Privacy Practices" and the patient has the opportunity to review this notice. The practice reserves the right to change its Notice of Privacy Practices.**

**You, as our patient, have the right to revoke this Consent in writing at any time.**

**Health information disclosed by the practice after this consent, may be re-disclosed by the recipient and is no longer protected by this practice's Privacy Practices.**

**Notification of our receipt at the practice of your appliance or other treatment dental work that was sent out to a lab, may be left on a home answering machine or with a family member. Likewise, if the item is late in returning from a lab, a message may be left as well.**

**This consent is agreed to and signed by:**

\_\_\_\_\_  
**Signature of Patient or Legal Guardian**

\_\_\_\_\_  
**Date**

**Parents may not sign for their children who are over 18 years of age.**

### **Authorization for disclosure of Medical Records**

**I authorize the disclosure of any of my medical records to the following people:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**