

Consent for the use of Private Health Information

Timothy M. Lawrence, DDS, MS, Inc.

Our office operates in compliance with the United States Governments' Health Insurance Portability and Accountability Act (HIPAA). To that end, we are required to establish policies that manage the distribution personal health information (PHI). Our office staff would be happy to answer any questions that you may have regarding our policies.

As a patient of Dr. Lawrence I understand that my personal health information (PHI) may be used for treatment, payment or health care operations. A written policy regarding the use of PHI by this office is available at your request.

Our office reserves the right to change these policies in accordance with governmental standards. You may request an updated "Notice of Privacy Practices" at any time; patients of record will not be automatically informed of these changes.

As a patient of Dr. Lawrence I do have the right to request that the use of my PHI be restricted. I understand that my request must be submitted in writing. If the practice of Timothy M. Lawrence, DDS, MS, Inc. agree to said restrictions, they will become binding.

As a patient, and in accordance with governmental policies, I may revoke this consent at any time.

Signed _____

Date _____