

Little Neck Bay Oral and Maxillofacial Surgery

Patient HIPPA Awareness

With my permission, Little Neck Bay Oral and Maxillofacial Surgery may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Little Neck Bay Oral and Maxillofacial Surgery Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Little Neck Bay Oral and Maxillofacial Surgery reserve the right to revise this Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Little Neck Bay Oral and Maxillofacial Surgery may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my clinical care, including laboratory results among others.

With my permission, the office of Little Neck Bay Oral and Maxillofacial Surgery may mail to my home or other designated locations any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and or Confidential. I have the right to request that Little Neck Bay Oral and Maxillofacial Surgery restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I may revoke my consent in writing except to the event that the practice has already made disclosures in reliance upon my prior consent.

By signing this, I am allowing Little Neck Bay Oral and Maxillofacial Surgery to use and disclose my PHI for TPO.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian

Date