



17W 662 Butterfield Rd, Suite 208  
Oakbrook Terrace, IL 60181  
P (630) 424-9404 F (630) 424-830

**HIPAA CONSENT FORM**

*Your Privacy Is Important To Us*

I give Periodontal Implant Associates my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews.

I have been given information that I may review Periodontal Implant Associates Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this consent.

I understand Periodontal Implant Associates is a paperless office and after registering all my information provided by me into their computer management system, all my paperwork will be shredded to preserve my privacy.

I understand that Periodontal Implant Associates has the right to change their privacy practices and that I may obtain any revised notices at the practice.

I understand that I have the right to request restriction of how my protected health information is used. However, I also understand that the practice is not required to agree to the request. If the practice agrees to my requested restriction, they must follow the restriction.

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If minor ,relationship to minor: \_\_\_\_\_

**Please circle your preferred means of communication:**

I prefer to be contacted at: Home \_\_\_\_\_, Work \_\_\_\_\_, Mobile \_\_\_\_\_.

**Please list authorized persons with whom we may discuss your Protected Health Information(PHI) in addition to custodial parents and legal guardians.**

1. \_\_\_\_\_ Date Added \_\_\_\_\_

2. \_\_\_\_\_ Date Added \_\_\_\_\_

3. \_\_\_\_\_ Date Added \_\_\_\_\_