Methuen Periodontics & Implant Dentistry 126 A Pleasant Valley Street suite1 Methuen, Ma Phone 978-688-5646 Fax 978-688-5647

Notice of Privacy Practices and Patient Consent For Use and Disclosure of Protected Health Information

PATIENT NAME	DATE
I understand that under the Health Insurance Portability and Accountable certain Patient Rights regarding my protected health information.	ility Act of 1996 (HIPAA), I have
I understand that Methuen Periodontics & Implant Dentistry may use or information for treatment, payment or health care operations—which meme, the patient; handling billing and payment; and, taking care of other health care uses and disclosures of this information.	ans for providing health care to lealth care operations. Unless
Methuen Periodontics & Implant Dentistry has a detailed document calle Practices '. It contains a more complete description of your rights to priva disclose protected health information.	d the ' Notice of Privacy acy and how we may use and
I understand that I have the right to read the 'Notice' before signing this Periodontics & Implant Dentistry will provide me with the most current N	
My signature below indicates that I have been given the chance to review Privacy Practices. My signature means that I agree to allow Methuen Peuse and disclose my protected health information to carry out treatment, operations. I have the right to revoke this consent in writing at any time, Methuen Periodontics & Implant Dentisrty has taken action relying on the	riodontics & Implant Dentisrty to payment, and health care except to the extent that
SIGNATURE (Patient or Legal Custodian/Authorized Representative)	DATE
Relationship to Patient if signed by another party	DATE
You may obtain a copy of our <i>Notice of Privacy Practices</i> , including any time by contacting: Methuen Periodontics & Implant Dentistry 126 A Ple	revisions of our 'Notice' at any asant Valley Street suite1

FORM Us

Methuen, Ma 01844 (P) 978-688-5646.