



OVERMEYER — FAMILY DENTAL —

Per the Health Information Personal Privacy Act (HIPPA)

Please list any person or persons that we may discuss appointments, treatment and account information with (ie: spouse, parents, step-parents, grandparents, legal guardians, etc)

Name (first. last)

Relation

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OUR PROMISE OF PRIVACY AND CONSENT TO PATIENT RECORDS

Our office is fully committed to compliance with HIPPA guidelines by:

1. Providing appropriate security for our records.
2. Protecting the privacy of our patient's medical information.
3. Providing our patients with proper access to their medical records.
4. Appropriately maintaining our patient's information and billing processes in compliance with national HIPPA standards

If you ever have any questions or concerns about your services or privacy, we encourage you to call and ask for our compliance officer.

Print name

Patient Signature (parent if patient is a minor)

Date