



URBAN DENTAL

FAMILY COSMETIC IMPLANT DENTISTRY

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HIPPA CONSENT FORM

The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations and also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practice is also posted in the facility and a copy is available at my request.

Dr. Jean-Pierre Truong reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

Additional Disclosure Authority

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below:

ANY MEMBER OF MY IMMEDIATE FAMILY	___ YES	___ NO
OTHER (Please specify Name) _____	___ YES	___ NO
I ACCEPT TO RECEIVE COMMUNICATIONS VIA EMAIL AND/OR TEXT MSG?	___ YES	___ NO

Name of patient

Patient/Legal Guardian Signature

Date