HIPAA NOTICE OF PRIVACY PRACTICES

Federal protection for the privacy of health information and personal information is in effect. The HIPAA Notice of Privacy Practices for this dental office is available at the front desk when requested. Your signature below indicates that you are acknowledging notification of the privacy practices of this office.

Acknowledgement of Privacy Rules:_____Date:_____

DENTAL MATERIALS FACT SHEET

All patients are advised of the (DMFS), which discloses the chemical components of dental restoratives.

- I have read the material available at the front desk.
- I know where I can find the information and choose to read it on my own. **http://www.dbc.ca.gov/formspubs/pub_dmfs_english_webview.pdf**
- I would like to request a printed copy to take with me.

Acknowledgement of DMFS:_____Date:_____

DENTAL PICTURES

I,_____, give my permission to use my dental pictures, digital images, and the like, taken by HB Dental. I agree that HB Dental has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the HB Dental mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known of later developed, including the Internet. I acknowledge that I will not receive any compensation for the use of such pictures etc., and hereby release HB Dental and its agents from any and all claims, which arise out of or are in any way connected with such use. I have read and understood this consent and release.

- I give my consent
- I do not give my consent

Signature of patient_____ Date:_____

Signature of Parent/Guardian if patient is a minor_____Date:_____