Shining Stars Kids Dentistry PC

General Dentistry for Children

Lawrence Musanje DDS, PhD

Patient HIPAA Consent Form

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protect health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of our practice.

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to that date I revoke this consent is not affected.

Cell Phone Use in Rooms

The state of Colorado has strict rules to protect everyone's privacy. For that reason we can allow photos or videos of your child before treatment begins ONLY. Photographing or video recording of Shining Stars Kids Dentistry employees is not permitted. Thank you for helping us stay HIPAA compliant without giving up some great photo opportunities!

Signed this_____dayof_____20_____.

Print Patient Name:_____

Signature of parent/guardian:_____

Relationship to Patient:_____

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