

PATIENT HIPAA AWARENESS

Dr. Norman Bressack D. D. S. P. C
1692 Newbridge Road
North Bellmore, N.Y. 11710
(516) 221-7447

With my permission, Dr. Bressack may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare options (TPO). Please refer to our notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent form. Dr. Bressack reserves the right to revise the Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the privacy officer.

With my permission, the office of Dr. Bressack may call my home or other designated locations and leave a message on voice mail, or in person, in references to any items that will assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any calls pertaining to my clinical care.

With my permission, the office of Dr. Bressack may mail to my home or other designated location any items that assist the practice in carrying out (TPO), such as appointment reminder cards and patient statements. I have the right to request that Dr. Bressack restrict how he uses or discloses my (PHI) to carry out (TPO). However, the practice is not required to agree with my requested restrictions, but if it does, it is bounded by this agreement.

By signing this consent form, I am allowing Dr. Bressack to use and disclose my (PHI) for (TPO).

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

Signature of patient or legal guardian

Date

PRINT Patient's Name