HIPAA Dental Form

Patient information	
Name Emilia Patel	Date of birth August 18 1989
Phone number 502-407-2205	Email address emilia.p@email.com
Address 3250 Earnhardt Drive Louisville KY 40202	
Emergency contact	
Name Connor Patel	Relationship Spouse
Contact details 502-733-5802	
Appointment information	
Appointment date Feb 1, 2024	Appointment time 4:00pm
Dental provider Dr. Caroline Martins, DDS	Contact number 502-407-2205

Consent for use and disclosure of protected health information (PHI)

I, _____Emilia Patel_____, hereby authorize ____Dr. Caroline Martins, DDS____ and its affiliated healthcare providers to use and disclose my protected health information (PHI) for the purpose of treatment, payment, and healthcare operations as outlined in the Notice of Privacy Practices provided to me.

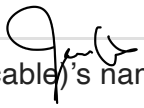
Purpose of disclosure

The disclosure is for the purpose of ensuring proper treatment, billing, and healthcare operations in accordance with the guidelines specified in the Notice of Privacy Practices.

Additional authorizations

I understand that I have the right to request restrictions on the use and disclosure of my PHI. However, I acknowledge that the dental office is not required to agree to these restrictions.

I also acknowledge that I have the right to revoke this authorization at any time, except to the extent that action has already been taken in reliance on this authorization.

Patient's signature Emilia Patel 	Date Feb 1, 2024
Privacy officer (dental office representative)'s name and signature Jason Ciu 	Date Feb 1, 2024
Witness (if applicable)'s name and signature N/A	Date