

**HIPPA COMPLIANCE
AUTHORIZATION FOR DISCLOSURE
AND USE OF MEDICAL RECORDS**

Notice of Privacy Practices

Our practice is committed to maintaining the privacy of your protected health information (PHI), while providing high quality dental care. In accordance with the HIPPA regulations you will receive the notice written below of our privacy practices. We may use and disclose your protected health information for treatment, payment, and health care operations. You have the right to inspect, copy, and amend your PHI. You have the right to request restrictions on the use of your PHI. You have the right to complain about alleged violation to this practice's privacy officer and the U.S. Department of Health and Human Services.

HIPPA Privacy Statement

Our practice is committed to maintaining the privacy of your protected health information (PHI), while providing high quality dental care. In accordance with the HIPPA regulations, this notice explains:

- How we may use and disclose your PHI.
 - Your privacy rights regarding your PHI.
 - Our obligations concerning the use and disclosure of your PHI.
- **I HEREBY AUTHORIZE** my orthodontist to release medical information, i.e., X-Rays, diagnosis, treatment plan, and all other related medical information.
 - **I HEREBY AUTHORIZE** my orthodontist to disclose my medical records to my insurance company for the purpose of assisting with the settlement of my claims.

I understand that this authorization shall be valid until I revoke the agreement through written notice to Rosemary Ryan D.D.S., L.L.C.

Name of Patient: _____ Date: _____

Signature: _____ (Parent or Guardian if patient is a minor)