



**VALER DENTAL | BRACES**  
1514 Coors Blvd. NW Albuquerque NM 87121 (505 )588-2819

### HIPAA CONSENT

Last Name:

First Name:

Birthdate:

Our HIPAA Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change and you can access the most current version on our website: .

I the Patient understand that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The Patient has the right to restrict the uses of their information.
- The Patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The Practice may condition treatment upon execution of this Consent. No insurance can be billed on the patient's behalf without this signed HIPAA Consent Form, therefore payment in full is required on the same day of services

I give permission for Valer Dental & Braces to disclose and receive information related to my dental health, records, treatment plans, appointments, medical conditions, medications/prescriptions, and financial information to/from:

Full Name and Relationship:

I, as the above named patient or parent/legal guardian, have had full opportunity to read and consider the contents of this Consent form and the Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment and health care operations. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Print Name: \_\_\_\_\_

Date:

Date:

Signature: \_\_\_\_\_