Lee Bass Nunn, DDS, PLLC
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PATIENT CONSENT FORM
(HIPAA)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the certain rights to privacy, which are outlined in the HIPAA form provided at your request. This information will be used to:

1. Plan, conduct, and direct your treatment and follow-up among multiple health care providers involved in your treatment needs.
2. Obtain payment from third party payers (Insurance).
3. Conduct normal healthcare operations such as quality assessment and physician certification.

You have the right to review a NOTICE OF PRIVACY PRACTICES prior to signing this consent. Our office has the right to change its Notice of Privacy Practices from time to time. You have the right to obtain this copy at any time.

You may revoke this consent in writing at any time.

Patient Name _____

Persons able to access patient's records;

1. _____
2. _____
3. _____

Signature _____

Relationship to Patient _____

Date _____