



Distinctive Dental Service

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HIPAA CONSENT FORM

HIPAA – Notice of Privacy Practice

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practice is to explain how Distinctive Dental Service may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Though Distinctive Dental Service has always taken great care to protect the integrity and confidentiality of your health care information, we are now required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgment that you have received the Notice. Signing below indicates that you have received the Notice of Privacy Practice.

I hereby acknowledge that I have received a copy of Distinctive Dental Service Notice of Privacy Practices.

Initials of patient/guardian

Permission to Share Medical Information

My Medical Information may be obtained and exchanged verbally to:

Name/Relationship

Initials of patient/guardian

Permission to Bill Your Insurance

All professional services rendered are charged to the patient. Necessary forms will be completed by Distinctive Dental Service to help expedite insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage.

I understand my signature authorizes releasing of the information to the insurer or agency given to Distinctive Dental Service for participating health insurance plans.

Signature of Patient/Guardian

Date