



HIPPA CONSENT

Date _____

Patient Name: _____

Address: _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

HIPPA Privacy Statement , Insurance and Dental Release

I have been provided a copy of Overton Center for Dental Arts P.C. Privacy Statement to read. If I would like a copy of the policy I may request a copy today or any time in the future by stopping the office during normal business hours.

Name

Date

I hereby authorize Overton Center for Dental Arts P.C. to furnish my insurance company copies of my x-rays and records of my chart if requested for reimbursement.
I understand I am financially responsible to Overton Center for Dental Arts P.C. for all charges, including those not covered by my insurance.

Name

Date