



HIPAA Release of Information

I have been provided with and understand QTL Dental’s Notice of Private Practices. QTL Dental may use and disclose protected health information about me to carry out treatment, payment, and healthcare operations as described in QTL Dental’s Notice of Private Practices.

I give consent to QTL Dental to call me, leave voicemails, speak directly to family members answering my phone, and send mail and email to the addresses I provided, in reference to any items that assist the practice in carrying out treatment, payment, or operations, such as appointment reminders, billing information, insurance items, and any other information pertaining to my oral health.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that QTL Dental is required to agree to the requested restrictions, if they are reasonable.

The restrictions I request are:

I understand that I may revoke this consent in writing, except to the extent that the office has already taken action in reliance thereon.

I have the right to request a copy of QTL Dental’s Notice of Privacy Practices at any time. By signing below, I hereby certify that I have read and understand the above statements and those statements are true and correct.

Signed: _____
(Signature of Patient or Legal Guardian)

Date: _____

Printed Name of Patient or Legal Guardian

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but an acknowledgement could not be obtained.

Reason:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other – please specify
