

Chandler Laser and Cosmetic Dentistry

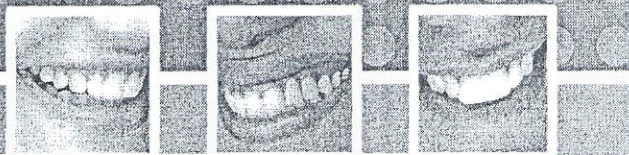
801 W. Elliot Rd.

Chandler AZ 85225-9998

(480)899-6229

angle@drateson.com

www.drateson.com



Notice of Privacy Practices (HIPAA)

I give this practice my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from my insurance company, and/or for health care operations, such as quality reviews.

I have been informed that I may preview the practice's Notice of Privacy Practices for a more complete description before signing this consent.

I understand that this practice has the right to change their privacy practices and that I may obtain revised notices at the practice location.

I understand that I have the right to request a restriction of how my protected health information is used. However, I understand that the practice is not required to agree to the request. If the practice agrees to my requested restrictions, they must follow the restrictions.

I also understand that I may revoke this contract at any time, by making a request in writing, except for information already used or disclosed.

Signature: _____

Date: