704 S. Webster Ave., Ste
402 Green Bay, WI 54301
Phone: (920) 435-6894

www.macdental.com

233 S. Erie St
De Pere, WI 54115
Phone: (920) 336 1952

**HIPAA CONSENT:**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used in one or more of the following respects:

- To other health care providers in connection with my treatment
- To insurance companies, employers with direct reimbursement or administrators of flexible spending account, etc. in order to obtain payment of my account
- Internally, to all staff members who have any role in my treatment
- To my family involved in my treatment, with my permission (Please list below):
  1. ______________________________________________________
  2. ______________________________________________________
- This office may contact me to provide appointment reminders

Any other uses of my protected health information will be made only after obtaining my written authorization, which I have the right to revoke.

I acknowledge that I have been received and understand your written Notice of Privacy Policy.

Patient Name ____________________________________________________________

Signature _______________________________________________________________

Relationship to Patient _____________________________________________________

Date ___________________________________________________________________

OFFICE USE ONLY:

**Acknowledgement unable to be obtained. Reason: ______________________________________________

______________________________________________________________________________

______________________________________________ ________________________
Employee Signature Date

______________________________________________ ________________________
Patient Name Account Number