NGUYEN DENTAL PRACTICE 4545 Georgetown Place, Suite B8 Stockton, CA 95207 209-478-6466 howardnguyendds@gmail.com

Last Name:	First Name:	Birthdate:
HIPAA - Notice of Privacy Policies		
Date: 04/26/2023  Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.		
You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.		
By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).		
The patient understands that:		
<ul> <li>operations.</li> <li>The Practice has a Notice of review this Notice.</li> <li>The Practice reserves the rig.</li> <li>The patient has the right to rhave to agree to the restriction.</li> <li>The patient may revoke this cease.</li> </ul>	Privacy Practices and that the path of the	acy Practices. ion but the Practice does not nd all future disclosures will then
If NOT patient, please print name below:		

☐Parent ☐Legal Guardian

Spouse

Signature