

Allen Pevette DDS PA
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Charlotte, NC 28210
(704)366-9196
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I understand that under the Health Insurance Portability and Accountability Act of 1996(HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from designated third-party payers.
- Conduct normal health care operations such as quality assessments or evaluations and physician certifications.

I have been informed by Allen Pevette DDS PA of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information (available in the office in print form). I have reviewed such Notice of Privacy Practices prior to signing this consent, and acknowledge that I have studied the Privacy Practices prior to signing this consent, and acknowledge that I have studied the Privacy Practices. I understand that Allen Pevette DDS PA has the right to change its Notice of Privacy Practices from time to time, and that I may contact Allen Pevette DDS PA at any time at the address above to obtain a current copy of the Notices of Privacy Practices.

I understand that I may request in writing that Allen Pevette DDS PA restrict how my private information is used or disclosed to carry out treatment, payment or health care operations.

I also understand Allen Pevette DDS PA is not required to agree to my requested restrictions, but if Allen Pevette DDS PA does agree, then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that Allen Pevette DDS PA has taken action relying on this consent.

Patient's Name: _____ DOB: (mm/dd/yy) _____

Signed (Patient or Legal Representative for Patient) Date: _____

Legal Representative's Relationship to Patient