



NORTH HAMPTON DENTAL GROUP

2 JUNIPER ROAD
NORTH HAMPTON, NH 03862
PHONE: 603-964-6300

James M. Nash, D.D.S. Brian T. Maguire, D.M.D.

Acknowledgement of Receipt of HIPAA Privacy Policies and Procedures

With my consent, North Hampton Dental Group (NHDG) may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to North Hampton Dental Group's **Notice of Privacy Practices** for a more complete description for such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. North Hampton Dental Group reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to North Hampton Dental Group at 2 Juniper Rd., North Hampton, NH 03862.

With my consent, North Hampton Dental Group may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items or any call pertaining to my clinical care, including x ray results among others.

With my consent, North Hampton Dental group may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

<p><input type="checkbox"/> With my consent, I hereby give NHDG permission to discuss/share my PHI pertaining to my treatment and/or diagnosis with _____ Relationship to patient: _____ Contact Phone # _____</p> <p>Please initial _____</p> <p><input type="checkbox"/> I choose to not give consent to NHDG to discuss/share my PHI pertaining to my treatment and/or diagnosis with anyone other than myself at this time. I understand that I may change this decision in the future by submitting a written authorization to NHDG.</p>

By signing this form, I am consenting to NHDG use and disclosure of my PHI to carry out TPO and I verify that I have read and accepted NHDG's Notice of Privacy Policies.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

I, _____, have received and reviewed a copy of practice's health information privacy and security policies and procedures.

Print Name _____

Signature _____

Date _____