

PERIODONTAL ASSOCIATES

Dr. Howard S. Levinbook

Dr. Jeffrey D. Goldschmidt

IMPORTANT NOTICE

Due to FEDERAL MANDATES called *Health Insurance Portability and Accountability Act, or HIPAA*, healthcare providers are now required to obtain patient consent for the release of private health information.

I give **Periodontal Associates** consent to release private health insurance information for the benefit of my continued quality healthcare. Healthcare information may be released to my primary care physician, referring dentist, insurance company, claim administrator, or consulting health care professional. For this purpose, private health information is defined as personal information, examination findings and/or treatment that is either proposed, underway or completed. This information may be used by an insurance company for the purpose of evaluating and administering claims for benefits.

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I also give **Periodontal Associates** permission to leave appointment reminders and/or other pertinent messages on my answering machine, e-mail or at my place of employment, per my request, and/or to contact me by postcard or letter.

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I understand that any information that has already been disclosed was not protected by this document. I also understand that I may revoke this authorization, in writing, at any time. **I have read this *Notice of Privacy Practices*.**

signature

date