ENRIQUEZ, DMD
ENRIQUEZ DMD

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PATIENT HIPPA AWARENESS

With my permission, The Office of Dr. Stephen Eric Enriquez may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Notice of Privacy Practices for a more complete description of such use and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. The Office of Dr. Stephen Eric Enriquez reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, The Office of Dr. Stephen Eric Enriquez may call my home or other designated locations and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my clinical care, including laboratory results.

With my permission, any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements mat be mailed to my home or other designated location. I have to right to request that The Office of Dr. Stephen Eric Enriquez restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am allowing The Office of Dr. Stephen Eric Enriquez to use and disclosure my PHI for TPO.

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 confirm that I have read and fully understand all of the information provided.

By signing below, I acknowledge that I have read this statement and agree to the contents.

Signature of patient, parent, or guardian (responsible party):

Patient's Name: _____ Date: _____

Patient's Signature: _____ Date: _____

Relationship to the Patient: _____ Date: _____