

Practice limited to Orthodontics

Jeffrey J. Kim, D.D.S.
90 Bryant Avenue
1C Embassy Building
White Plains, N.Y. 10605

(914) 946-9098

PATIENT HIPAA AWARENESS

With my permission, Dr. Jeffrey J. Kim, may use, and disclose Protected Health Information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dr. Kim's Notice of Privacy Practices for a more complete description of such issues and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Dr. Kim 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. Kim 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 among others.

With my permission the office of Dr. Kim may mail to my home or other designated locations any items that assist the practice in carrying out TPO, such as appointment card reminders and patient statements as long as they are marked personal and/or confidential.

I have the right to request that Dr. Kim 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, I am allowing Dr. Kim to use and disclose 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.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian