



Lakeview Orthodontics

Specialists In Orthodontics

HIPAA Consent Form

Patient Name: _____

HIPAA – Notice of Privacy Practices

HIPAA is a federal law developed to a standard for the protection of your health information. The purpose of the Notice of Privacy Practices is to explain how Lakeview Orthodontics may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Though Lakeview Orthodontics has always taken great care to protect the integrity and confidentiality of your health care information, we are now required by HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have received the Notice. Our Notice of Privacy Practices is available for you to view on our website, info@lakeviewortho.com, or a copy can be obtained by contacting our office. Signing below indicated that you have had the opportunity to review the Notice of Privacy Practice.

I certify that I have had the opportunity to review the Notice of Privacy Practices of Lakeview Orthodontics.

Name of Responsible Party _____

Relationship to patient _____

Signature _____

Date _____