



5 Hatfield Lane  
Goshen NY 10924  
[www.toothopiadentistry.com](http://www.toothopiadentistry.com)  
Phone Number: (845) 360-5883  
Fax Number: (845) 360-5922  
[info@toothopiapediatricdental.com](mailto:info@toothopiapediatricdental.com)

## Patient HIPPA Form

With my permission, Toothopia Pediatric Dentistry may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Toothopia Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practice prior to signing this consent. Toothopia Pediatric Dentistry reserves the right to review its Notice of Privacy Practices any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission the office of Toothopia Pediatric Dentistry may call my home or other designated locations 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 reminder cards and patient statements as long as they are marked Personal or Confidential.

With my Permission, the office of Toothopia Pediatric Dentistry may E-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. I have the right to request that Toothopia Pediatric Dentistry restricts 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 Toothopia Pediatric Dentistry to use and disclosure of 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Print name of Parent/Legal Guardian