



## Consent For Use and Disclosure of Health Information: HIPAA FORM

**Section A:** *Patient Giving Consent*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Section B:** *To the Patient- Please Read the Following Statements Carefully.*

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent form. Our notice provides a description of our treatment, payment activities, healthcare operations, and the uses/disclosures we may make of your health information

We reserve the right to change our privacy practices and described in our Notice of Privacy Practices. If anything is changed, we will issue a revised notice which will contain the changes. Those changes may apply to any of your protected health information that we maintain. You may obtain a copy of our Notice of Privacy Practices by contacting:

Sims Orthodontics  
(ph) 850-477-7715  
1100-A Airport Blvd.  
Pensacola, FL 32504

Right to Revoke: You have the right to revoke this consent at any time by giving us written notice of your revocation. Please understand we may decline to treat you or to continue treating if you choose to revoke consent.

I, \_\_\_\_\_, have had full opportunity to read and consider the contents of this consent form and Notice of Privacy Practices. I understand that by signing this form I am giving my consent to carry out treatment, payment activities, healthcare operations, and disclosure of my protected health information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*If this consent is signed by a personal representative on behalf of the patient, complete the following:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Photo Release: We take lots of pictures at our office to be used for, but not limited to social media, printed material, and educational materials. By checking the appropriate line below, you are giving "Sims Orthodontics" consent to use photos of you or your child in this manner. You also understand there is no payment for such use of photos.

\_\_\_\_\_ YES, you can take & use my photos

\_\_\_\_\_ NO, I don't want my pictures used