

85 Church Avenue
Rainsville, AL 35986

311 Parks Avenue
Scottsboro, AL 35768

HIPAA Consent Form



CARTER ORTHODONTICS

Patient Name: _____

HIPAA – Notice of Privacy Practices

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practices is to explain how Carter Orthodontics may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. A copy of our Notice of Privacy Practices is available for you to view and can be obtained by contacting our office. Signing below indicates that you have had the opportunity to review the Notice of Privacy Practices.

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

Name of Responsible Party _____

Relationship to Patient _____

Signature _____

Date _____