



ELITE DENTAL

Marina Dukler, DDS

HIPAA CONSENT FORM

HIPAA – Notice of Privacy Practice

HIPAA is a federal law developed to provide a standard for protection of your health information. The purpose of the Notice of Privacy Practice is to explain how Elite Dental may use or disclose your health care information.

This Notice also explains the rights that you are guaranteed under HIPAA regulations. Though Elite Dental has always taken great care to protect the integrity and confidentiality of your health care information, we are now required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have received the Notice.

Signing below indicates that you have received the Notice of Privacy Practice. If you have any questions, please contact our HIPAA Compliance Office.

I hereby acknowledge that I have received a copy of Elite Dental Notice of Privacy Practices.

_____ Initials of Patient/Guardian

Print Name: _____ Date: _____

Relationship: _____

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