



**Patient Consent for Use and Disclosure of Protected Health Information (HIPPA)**

In this Consent Agreement, the words “you” and “your” refers to the patient, and the words “we”, “us” and “our” refer to Dr. Matthew Ng, DMD MSD PA and Dr. Patricia Tran, DDS MSD PA and Discover Orthodontics designated personnel.

With your consent, we may use and disclose Protected Health Information (PHI) for purposes of Treatment, Payment and Health Care Operations (TPHCO).

With your consent, we may call your home or other designated location and leave a message on voice mail or with a family member in reference to any items that assists us in carrying out TPHCO, such as appointment reminders, insurance matters and any issue pertaining to your clinical care, including medical history or treatment progress.

With your consent, we may mail to your home or other designated location any items that will assist us in carrying out TPHCO, such as appointment reminder cards and patient statements.

With your consent, we may e-mail to your home or other designated location any items that assist us in carrying out TPHCO, such as appointment reminder cards and patient statements. You have the right to request that we restrict how we use or disclose your PHI to carry out TPHCO. However, our personnel are not required to agree to your requested restrictions, but if we do, we are bound by this agreement.

By signing this form, you are consenting to our use and disclosure of your PHI to carry out TPHCO.

You may revoke this consent in writing except to the extent that we have already made disclosures in reliance upon your prior consent. Without your consent, we may decline to provide treatment to you, forward insurance claims on your behalf, or provide PHI to sources outside of the practice.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

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

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Date

\* You have the right to request and receive a paper copy of the full privacy notice