Tim Simpson DDS PLLC

Patient Consent for the Disclosure of Information And Acknowledgement form (HIPAA)

| understand that by signing this form | consent to the following:

- 1) Sharing information for the purposes of treatment: You will share my information with all members of my treatment team, both within this office and with other providers (personal and institutional) in order to provide me with quality care and the educational/wellness programs specified in my insurance plan. This will include communication with our team in verbal and non verbal form such as post card reminders, recognition boards, sin in information and other forms of communication for patient care and office visits.
- 2) Sharing information for purposes of payment: You will share all necessary information with my insurer(s), governmental entities and their representatives (including, but not limited to benefit determination and utilization review) as well as your representatives involved in the billing process (including, but not limited to) claims representatives, data warehouses, billing companies or finance companies, and in extreme situations, credit bureaus or collection agencies.
- 3) Sharing of information for purposes of operations: You will share all information necessary for ongoing operations of this office, including (but not limited to) credentialing processes, peer review, non facial digital photography for website purposes, accreditation and compliance with all federal and state laws.

I also understand that by signing this form I give this office permission to leave messages on my answering machine, voicemail, e-mail or personal contact via the telephone regarding: notification of appointments, messages to call the office, test results and any other information pertaining to my healthcare with the office.

any other information pertaining to my healthcare with the office.	
at my home number or at another location. on to anyone other than the person/persons listed above.	
oke this consent at any time that revocation is in writing, but any e permissible.	
 Date	
Date	
 Date	
ice of Privacy Practices for Tim Simpson DDS	