

HIPPA CONSENT FORM

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIPPA – Notice of Privacy Practices**

HIPPA 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 Jaeger Orthodontics may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPPA regulations. Though Jaeger Orthodontics has always taken great care to protect the integrity and confidentiality of your health care information, we are now required by the HIPPA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have received the Notice. Our Notice of Privacy Practices is available for you to view, a copy can be obtained by contacting our office. Signing below indicated that you have had the opportunity to review the Notice of Privacy Practices.

**Images:** Both photographic and digital images and all other digital platforms may be displayed in the office, Facebook, and web site. The patient’s name and age may also be displayed.

**For Scientific Presentations and Publication:** We may share information in a confidential study group setting and may publish data.

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

**Name of Responsible Party**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Patient**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_