

Harry E. Goza, Jr., D.D.S.
Erin T. Rhodes, D.D.S.

814 South 28th Avenue
Hattiesburg, MS 39402

Privacy Consent Form

Harry E. Goza, Jr., D.D.S. (to be known as "The Practice") Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient's Rights section describing your rights under the law. You have a right to review our notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do we shall honor that agreement.

By signing this form you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures made in reliance on your prior consent. The Practice provides this form to comply with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**.

The patient understands:

- Protected health information may be disclosed or used for treatment, payment, or health care operations
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to restrict the use of their information but the Practice does not have to agree to these restrictions
- The patient may revoke this Consent at any time in writing and full disclosure will then cease
- The Practice may condition treatment upon execution of this consent.

Signature: _____ Date: _____

Printed name: _____

Relationship to patient (if other than patient): _____

In front of: _____