

## HIPAA Consent Form



**Rhoads Orthodontic Specialist**  
**132 Graham Park Dr. Suite 300**  
**Cranberry Township, PA 16066**

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

### **HIPAA – Notice of Privacy Practices**

HIPAA 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 Rhoads Orthodontic Specialist may use or disclose your protected health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Our Notice of Privacy Practices is available for you to view on our website, [www.RhoadsOrthodontics.com](http://www.RhoadsOrthodontics.com), or a copy can be obtained by contacting our office. Signing below indicates that you have had the opportunity to review the Notice of Privacy Practices.

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I certify that I have had the opportunity to review the Notice of Privacy Practices of Rhoads Orthodontic Specialist.

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_