

HIPAA LAWS (Health Insurance Portability and Accountability Act): Please Read and Sign

1) I give authorization to disclose protected health information for special purpose. I may revoke this authorization at any time by written notice, 2) Signing this authorization is not a condition of treatment. 3) There is a possibility of redisclosure by a referral recipient, 4) I have had the chance to read and think about the content of this authorization form and agree with all statements made, 5) By signing I confirm my authorization for use and disclosure of the protected health information given to this office with patient insurance companies and referring doctors, 6) I have been given a "Notice of Privacy" to read which describes how medical information about me may be used and disclosed and how to get access to that information, 7) We routinely use your health information inside our office for these purposes without any special permission. By signing you authorize disclosure of your health information outside of our office for treatment, payment or health care operations, 8) I agree with uses and disclosures for other reasons without permission as described in the HIPAA manual presented for my review at Mohip Dental & Associates, 9) I understand my right regarding my health information from the material presented to me at Mohip Dental & Associates, 10) I understand that the staff of Mohip Dental & Associates abide by the terms of the "Notice of Privacy Practices", but reserve the right to change the notice at any time as allowed by law, 11) HIPAA complaints have been adequately described in the material presented.



Our dedicated staff is eager to help facilitate your dental care, including the filing of your insurance.

Mohip Dental & Associates

"Defining the Art And Science OF Dentistry"

I Have Read The Office, Financial HIPAA and Insurance Policies:

Nobody likes to discuss finances, but it's an important part of all of our lives! It's important to discuss finances at the onset so that misunderstandings do not occur in the future.

I have read and understand the financial, insurance, office and HIPAA policies of Mohip Dental & Associates of Wellington. I understand that no treatment shall be undertaken without a diagnosis and treatment plan and a frank discussion of options. I understand that the staff and doctors of Mohip Dental & Associates will not begin any dental treatment which I havenot authorized.

Patient Name: _____ Signature: _____ Date: _____

Welcome to Our Practice

Our only goal is to provide you with excellent, painless, state-of-the art dental care at an affordable price.

Our entire staff is committed to your happiness and well-being! We always welcome your comments on how we made you happy or welcome suggestions on how to improve our care.

From Doctor Mohip, and the entire staff...welcome to our office!

