

**Gray Station Dental
Richard Turner DMD
100 Chapel Street
Gray, TN 37615**

HIPAA Notice

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice.

I have also been informed of, and given the right to review and secure a copy of your *Notice of Privacy Practices*, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

We value and respect the privacy of our patients, our guests, and our staff. **Videoing, recording and photographing of treatment or recommendation of treatment are strictly prohibited.** Please do not take, share, or post pictures, recordings, or videos of GSD staff/providers without their permission. You must ask their permission first before taking the picture, making the recording, or publishing it, such as on Facebook or Instagram etc. You are not allowed to take pictures of other patients and guests without their permission. Our other patients and guests have also an interest in privacy. It is not appropriate to record or take pictures of other patients, including in group treatment settings, without their permission. We have the right to ask you to stop using your mobile devices and/or recording in violation of our policy. If you refuse, we may stop your treatment and ask you to leave. If you are a guest, we may ask you to leave regardless of whether the patient is still being treated. Privacy is everyone's responsibility, and we appreciate your cooperation and support.

Signature of Patient/legally authorized representative

Date

Print Name