



HIPPA CONSENT FORM

Vibrant Dental
Michael J. Enz, DDS
520 W. Highway 96 Suite 400
Shoreview, MN 55126
651-482-7564

Print Name: _____
Date of Birth: _____

HIPPA – Notice of Privacy Practice

HIPPA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practice is to explain how Vibrant Dental may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations.

Though Vibrant Dental has always taken great care to protect the integrity and confidentiality of your health care information, we are now required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgment that you have received the Notice.

Signing below indicates that you have received the Notice of privacy Practice. If you have any questions, please contact our HIPAA Compliance Officer listed below:

Amber, Compliance Officer
Vibrant Dental
520 W. Highway 96 Suite 400
Shoreview, MN 55126

I hereby acknowledge that I have received a copy of Vibrant Dental Notice of Privacy Practices.

Initials of patient/guardian

Permission to Share Medical Information

My Medical Information may be obtained and exchanged verbally to: _____
Name/Relationship

Initials of patient/guardian

Permission to Bill Your Insurance

All professional services rendered are charged to the patient. Necessary forms will be completed by Vibrant Dental to help expedite insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage.

I understand my signature authorizes releasing of the information to the insurer or agency given to Vibrant Dental for participating health insurance plans.

Signature of Patient/guardian

Date