

Theodore Burnett, D.D.S.
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PATIENT HIPAA AWARENESS

With my permission, Dr. Theodore Burnett may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dr. Theodore Burnett’s Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Dr. Theodore Burnett reserves the right to revise the Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Dr. Theodore Burnett may call my home or other designated locations and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements, as long as they are marked Personal and/or Confidential.

With my permission, the office of Dr. Theodore Burnett may e-mail to my home or other designated location any items to assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Dr. Theodore Burnett restrict how he uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this I am allowing Dr. Theodore Burnett to use and disclose my PHI for TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

Signature of Patient or Legal Guardian

PRINT Patient’s Name

Print Name of Patient or Legal Guardian

Date