



HIPAA Privacy Policy

By signing this form, you hereby give consent to Le Centre Orthodontic Arts to use and disclose your protected health information for the purpose of treatment, payment, and health care operations.

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment, or health care operations. Le Centre Orthodontic Arts is not required to grant your request, however, if we do, the restriction will be obligatory to us.

Our Posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our Posted Privacy Policy before you sign this consent form. We reserve the right to amend the terms of our Posted Privacy Policy. You may obtain a copy of the current policy by calling our office at 985-853-1142.

You may cancel this consent at any time. Your cancellation must be in writing, signed by you or on your behalf, and delivered by mail or in person to the address noted on this form. Whichever method you choose, please note the cancellation will only be effective on the date we receive it. Your cancellation will not be effective to the extent that we or others have acted in reliance upon this consent.

Patient Name (printed): _____

Signature: _____ **Date:** _____

If you are signing as the patient's representative, please complete the following:

Print Name: _____ **Relationship:** _____

Signature: _____ **Date:** _____

CANCELLATION

I hereby void the consent given above.

Patient Name (printed): _____

Signature: _____ **Date:** _____

If you are signing as the patient's representative:

Print Name: _____ **Relationship:** _____

Signature: _____ **Date:** _____