

Dave Hippensteel, DMD

HIPAA Form and Office Policy

Patient Name: \_\_\_\_\_

- I understand that I am financially responsible to Dr. Dave Hippensteel, for charges not covered by my insurance carrier. Payment for services are due at the time of service unless prior arrangements have been made. I also agree that should I fail to assume this financial responsibility and credit notion is necessary, I will pay for the costs in addition to the amount of the physician's charges.
- I understand that Dr. Dave Hippensteel and office staff will release personal information to my insurance carrier and other medical/dental professionals in order to obtain insurance benefits and to better take care of my dental needs.
- I understand that no dental treatment is completely risk free and that my dentist will take reasonable steps to limit any complications of my treatment. I understand that some after-treatment effects and complications tend to occur. I realize that in spite of the possible complications and risks, my recommended treatment is necessary. I am aware that the practice of dentistry is not an exact science, and I acknowledge that no guarantees, warranties, or representations have been made to me concerning the results of the procedure. I have received information about the proposed treatment. I have discussed my child's treatment with Dr. Dave, been given an opportunity to ask questions, and have them fully answered.
- I understand that Dr. Dave Hippensteel confirms appointments via phone calls, text messages, and/or emails in order to remind me of my appointments. I also understand that they may leave a message at the number provided in order to remind me of any upcoming appointments.
- I have received, or been offered a copy of the "Notice of Privacy Practices" for the office of Dave Hippensteel, DMD.
- I authorize the use of photographs/videos for lectures and publications by Dr. Dave Hippensteel and Staff as an example of treatments performed \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature of Patient/Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_