

HIPAA Consent Form



Zwanziger & Boe Orthodontics
2302 West First Street #119
Cedar Falls, IA 50613

Patient Name: _____

HIPAA – Notice of Privacy Practices

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practices is to explain how Zwanziger & Boe Orthodontics may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Though Zwanziger & Boe Orthodontics 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 acknowledgement that you have received the Notice. Our Notice of Privacy Practices is available for you to view on our website, www.zbortho.com, or a copy can be obtained by contacting our office. Signing below indicates that you have had the opportunity to review the Notice of Privacy Practices.

I certify that I have had the opportunity to review the Notice of Privacy Practices of Zwanziger & Boe Orthodontics.

Name of Responsible Party _____

Relationship to Patient _____

Signature _____

Date _____