

Robert Lee Bishop, DDS  
5200 Cedar Street  
Bellaire, TX 77401

## CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

To The Patient—Please Read the Following Statement Carefully

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

**Right to Revoke:** You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to Dr Bishop at the information listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

I, \_\_\_\_\_ (print name) have had full opportunity to read and consider the contents of this Consent form and our Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

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

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## Notice of Privacy Practices

### Our Commitment to Privacy and Security Standards

Your privacy is important to us. The dental practice of Robert Lee Bishop, DDS, P.C. is committed to protecting your privacy, as well as safeguarding the information we receive and maintain about you. We want to inform you in a very simple way how we protect your personal information. This notice will help you understand what information we collect, how we use it, and the ways we maintain your privacy and security of personal information about you.

We maintain physical, electronic, and procedural safeguards to protect your personal information. We do not sell information about you to anyone. We only share it as allowed by law. We do not share your personal information with anyone outside dental/medical specialists or insurance companies we are in contract with for treatment or payment services.

We have high security standards to keep the information we have about you safe. We maintain strict control over access to your information. We follow industry practices for data security. We adhere to payment card industry data security standards. Only authorized employees, agents, and staff with a business or medical need are permitted access to your personal information when it is necessary to perform their job duties. Our employees are trained to maintain the privacy and security of personal information about you in compliance with applicable regulations. Our standards to safeguard personal information meet the federal and state law. Employees, agents, and staff who violate our privacy policy are subject to disciplinary process.

### Information We Collect

We collect the following information about you:

**Demographic or Identifying Information**

-name, date of birth, home address, home and cell phone numbers, email address, driver's license, social security number,

**Credit Related Information**

-work place and workplace phone number

**Transactional Information**

-credit card information, billing address information

**Medical and Dental Health Information**

### Sharing Information

In certain instances, we may share your information with third parties that perform services for us. For example, we may share this information with insurance companies for processing insurance claims for payment of services, and with medical/dental specialists for treatment purposes. When we conduct business with third parties, we require them to protect your personal information to our standards. Further, we do not permit them to use or share your personal information for any other purpose than the work they are doing on our behalf or as required by law.