



**HIPAA Compliance Patient Consent Form**  
**Notice of Privacy Practice and Patient Bill of Rights**

Our Notice of Privacy Practices describes how medical information about you may be used, disclosed, and how you can get access and/or restrict access to this information. Please review it carefully. In accordance with Federal Law changes, this information has been updated effective February 16, 2026.

The notice contains a section on patient rights, describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

We reserve the right to change the terms of this Notice of Privacy Practices at any time. Any changes will apply to all protected health information we maintain. Updated notices will be available in our office and upon request, and you will be notified of changes at your next visit.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment or healthcare operations.

Substance abuse disorder (SUD) information may be documented and maintained by our office, but we will not release this information without your written permission or a court order.

Reproductive rights information may be documented and maintained by our office, but we will not release this information without your written permission or a court order.

By signing this form, you consent to our use and disclosure of your protected healthcare information. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand and/or permit that:

- Protected health information may be disclosed or used for treatment, payment, business associates, public health and safety, and healthcare operations
- The practice reserves the right to change the privacy policy as allowed/required by law
- The practice has the right to restrict the use of information, but the practice does not have to agree to those restrictions
- We may use your personal information for marketing purposes, and you have the right to rescind this permission at any time
- The patient has the right to inspect, request corrections, request confidential communication, request an accounting of disclosures, and/or revoke this consent in writing at any time (all full disclosures will then cease)
- The practice may condition receipt of treatment upon execution of this consent
- The patient has been offered a copy of this form either in paper form or digitally. A copy is also available on our website at [www.summernoteckdental.com](http://www.summernoteckdental.com)

May we phone, email or send a text to you to confirm appointments?  YES or  NO

May we leave a message on your answering machine at home or on your cell phone?  YES or  NO

**May we discuss your dental conditions with any member of your family?**  YES or  NO

If YES, please name the family members allowed:

## Patient Bill of Rights

### **Care & Treatment**

- The right to respectful, nondiscriminatory care
- The right to quality care in a safe environment
- The right to be informed about treatment options
- The right to participate in decisions about care
- The right to refuse treatment, when legally permitted

### **Information & Records**

- The right to access medical/dental records
- The right to request corrections
- The right to receive understandable explanations
- The right to know the identity of caregivers

### **Privacy & Confidentiality**

- The right to privacy of medical information
- The right to confidential communications
- The right to HIPAA protections
- The right to file a privacy complaint without retaliation

### **Financial Transparency**

- The right to information about fees and billing
- The right to receive explanations of charges
- The right to receive insurance-related information

### **Complaints & Grievances**

- The right to voice complaints
- The right to receive instructions on how to file a grievance
- The right to do so without fear of retaliation

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **Contact Information**

If you have questions about this notice or your privacy rights, please contact our Privacy Officer at:

**Phone: 281-454-2000**

**10411 N Sam Houston Parkway E Humble, TX 77396**

### **US Department of Health and Human Services Contact Information:**

**Online Portal:** File complaints about discrimination or HIPAA violations (privacy, security) on the HHS.gov website.

**Email:** [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**For Fraud, Waste, & Abuse (Office of Inspector General - OIG)**

**Phone:** 1-800-HHS-TIPS (1-800-447-8477) for general complaints about HHS programs. **Online:** Report fraud, waste, and abuse through the OIG website.

**For Medical Billing & No Surprises Act (CMS)**

**Online:** Submit complaints about surprise medical bills or Good Faith Estimates via the [CMS complaint portal](#).

**Phone:** 1-800-985-3059 for questions about the CMS portal.

**For Texas-Specific Issues (Texas HHS)**

**Phone:** Call 2-1-1, option 2, for Texas Health and Human Services. **Website:** Visit the [Texas HHS website](#) for local processes.

---

Print Name

---

Signature

---

Date