

Mid-Penn Oral Surgery  
2201 Dover Road  
Harrisburg, PA 17112  
717-652-5002  
Fax: 717-652-5400

**Notice of Privacy Practices and Patient Consent  
For Use and Disclosure of Protected Health Information**

---

PATIENT NAME

---

DATE

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain Patient Rights regarding my protected health information.

I understand that Mid-Penn Oral Surgery may use or disclose my protected health information for treatment, payment or health care operations-- which means for providing health care to me, the patient; handling billing and payment; and, taking care of other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization.

Mid-Penn Oral Surgery has a detailed document called the 'Notice of Privacy Practices'. It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.

I understand that I have the right to read the 'Notice' before signing this agreement. If I ask, Mid-Penn Oral Surgery will provide me with the most current *Notice of Privacy Practices*.

My signature below indicates that I have been given the chance to review such copy of the *Notice of Privacy Practices*. My signature means that I agree to allow Mid-Penn Oral Surgery to use and disclose my protected health information to carry out treatment, payment, and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Mid-Penn Oral Surgery has taken action relying on this consent.

---

SIGNATURE (Patient or legal Custodian/Authorized Representative)

---

DATE

---

Relationship to Patient if signed by another party

---

DATE

You may obtain a copy of our *Notice of Privacy Practices*, including any revisions of our 'notice' at any time by contacting: Mid-Penn Oral Surgery 2201 Dover Road Harrisburg, PA 17112.