JAMES HUTSON, DDS, PC
Cosmetic, General & Restorative Dentistry

707 Whitlock Ave. Ste B22
Marietta, Ga. 30064
www.hutsondr.com
770-424-7525
"Come be a part of our family!"

HIPPA Patient Consent Form

I understand that, under the Health Insurance Portability & Accountability Act of 1966 **(HIPPA),** I have certain rights to privacy regarding my health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practices* prior to signing this consent. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Patient Name:_____

Signature:_____

Relationship to the Patient:_____

New Financial Policy Effective January 2010

We do not offer payment plans in our office

- We accept checks, cash or credit cards.
- If you have insurance coverage, we will continue to file your insurance as a courtesy.
- Your estimated portion is to be paid **day of treatment** and any remaining balance after insurance, be paid in full promptly. We are not an in-network office.
- Any balance over 30 days will have finance charge added.
- Any balance over 90 days is subject to collections, if you have not contacted our office.

We at Dr. Huston's office are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive health care available today. In addition, we are also dedicated to making top-quality care as cost-effective as possible. To assist you with your healthcare investment, we provide the following payment options:

1. Cash - includes money orders and personal checks.
2. Credit Card - we accept most major credit cards.
3. Care Credit - www.carecredit.com or call 1-800-859-9975. This plan is a separate line of credit to cover you and your family members healthcare needs for balances over $300 **interest free** for 3, 6 or 12 months. If Care Credit is your preferred option—contact them and apply for a

Sign:_____ **Date:**_____