

# HIPAA Consent Form



**Lange Orthodontics  
796 Main St  
Milford Ohio 45150**

or

**Lange Orthodontics  
9157 Montgomery Rd  
Cincinnati Ohio 45242**

## **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 Lange Orthodontics may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Though Lange 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 by contacting our office. Signing below indicates that you have had the opportunity to review the Notice of Privacy Practices.

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I certify that I have had the opportunity to review the Notice of Privacy Practices of Lange Orthodontics.

Name of Patient\_\_\_\_\_

Name of Responsible Party\_\_\_\_\_

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

Signature\_\_\_\_\_

Date\_\_\_\_\_