

Teledentistry Patient Consent and Acknowledgement

I understand that teledentistry means that the dentist will not be physically present during my/my child's visit. As such, I understand that a full diagnosis may not be available at the time of or immediately following my appointment. I understand that I have virtual access to my/my child's dental records, but may have limited or asynchronous access to my dentist or provider after the time of service. I specifically consent to the taking or use of photographs, radiographs, and video recordings and the transmission of these images and video to provide telehealth dental services. I acknowledge that while my provider takes best-in-class information security measures, teledentistry requires the use of transmitting patient information over secure internet channels. I acknowledge that teledentistry may not be appropriate for all clinical situations, and before, during, or after my visit I may be referred to an outside dentist, provider or in-person medical or dental service.

The following providers listed are all providers who could potentially be involved in the patient's care via asynchronous teledentistry:

Dr. Chloe Eisenhaur, D.M.D. #DEN5125
Dr. Natasha Seavey, D.M.D. #4873
Dr. Steven Mills, D.M.D #DEN3140
Robyn Shafer, RDH #RDH4443
Kaitlyn Bean, RDH #RDH4368
Nicole Skrzypek, RDH #RDH3930

Dr. Angela Hastings, D.M.D #DEN4517
Dr. Jenny Burnicini, D.M.D. #DEN4114
Amber Lombardi, IPDH #RDH4243
Kathleen Kersey, RDH #RDH4240
Amanda Woodhead, RDH #RDH4525
Lauren Durell, IPDH #RDH4213
Katheryne Stinson, IPDH #RDH3580

Dr. Chad Phillips, D.M.D. #DEN4885
Dr. Kristen Hoglund, D.M.D #DEN4882
Alyssa Bigos, RDH #4435
Alexandra Bazinet, RDH #RDH 4199
Michelle Toro, RDH #RDH4528
Tajjia Marshall, IPDH #RDH3736

HIPAA Compliance and Privacy Policy

The **Health Insurance Portability and Accountability Act (HIPAA)** provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003.

There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with dental and healthcare services. HIPAA provides certain rights and protections to you as the patient. Your provider balances these needs with the goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

Authorization for the Use and/or Disclosure of Healthcare Information

As part of your healthcare, your provider may create and maintain records describing your health history, symptoms, examinations, test, diagnoses, treatment, or any plans for future care or treatment.

Only as permitted or required by state and federal law, we may use your healthcare information to disclose, as may be necessary, your health information to other healthcare providers and healthcare entities (such as: referrals to or consultation with other healthcare professionals) or to others as may be required by law or court order concerning your treatment, payment and/or healthcare only with your permission.

I understand and acknowledge the above statements as true and consent to my provider's teledentistry practices & HIPAA compliance and privacy practices.

(Patient's Full Name)

(Parent/Guardian Full Name)

(Parent/Guardian Signature)

(Date)