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www.ntoabraces.com

HIPAA Consent Form

Patient Name: _____

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 North Texas Orthodontic Associates, P.A. may use or disclose your health care information. The Notice explains the rights that you are guaranteed under HIPAA regulations. North Texas Orthodontic Associates, P.A. has always taken great care to protect the integrity and confidentiality of your health care information, we are 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 for you to view on our website, www.ntoabraces.com, or a copy can be obtained by contacting our office.

I certify that I have had the opportunity to review the Notice of Privacy Practices of North Texas Orthodontic Associates, P.A.

Name of Responsible Party _____

Responsible Party E-mail _____

Relationship to Patient _____

Signature _____

Date _____

EAST ALLEN
400 N. Allen Dr. #305
Allen TX, 75013
972•727•5781

FRISCO
7500 Stonebrook Pkwy. #104
Frisco TX, 75034
972•712•3962

MCKINNEY
1750 N. Stonebridge Dr. #101
McKinney TX, 75071
972•548•7005

PLANO
5501 Independence Pkwy. #201
Plano TX, 75023
972•867•1222

WEST ALLEN
201 North Alma Dr. #102
Allen TX, 75013
972•727•4221