



Members  
American Association of  
Orthodontists



Board Certified Orthodontists  
Donald J. Copenhaver, D.D.S., M.S.D. and Associates  
[www.ntoabraces.com](http://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](http://www.ntoabraces.com), or a copy can be obtained by contacting our office.

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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 \_\_\_\_\_

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