



HIPAA Privacy Statement, Assignment and Release

I certify that I, and or my dependents, have insurance coverage and assign directly to Align Dental all insurance benefits, if any, otherwise to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

Align Dental may use my healthcare information and may disclose such information to the above-named insurance company for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I read the Notice of Privacy and acknowledge that I have been fully informed of all my rights.

Signature of Patient, Parent or Guardian _____ Date _____

Please print name _____