

DECATUR DENTAL SERVICES, INC.

Consent for Use and Disclosure of Health Information (in compliance with Federal Privacy Laws – HIPAA)

PATIENT CONSENT: Please read and complete in its entirety

Name of patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ D.O.B. _____

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment and healthcare operations. You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our notice provides a description of our treatment, payment activities and healthcare operation, of the uses and disclosure we may make of your protected health information to other healthcare providers and insurance companies, and of other important matters about your protected health information. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

SIGNATURE OF PATIENT OR GUARDIAN/PERSONAL REPRESENTATIVE:

I, _____ have received and read the contents of this consent form and Notice of Privacy Practices. I understand that by signing this form, I am giving my consent to Decatur Dental Services, Inc. for use and disclosure of my protected health information to carry out treatment, payment, and health care operations.

Signature: _____ Date: _____

Parent/Guardian Signature (if minor child under 18): _____

IF THIS CONSENT IS SIGNED BY A GUARDIAN/PERSONAL REPRESENTATIVE ON BEHALF OF THE PATIENT, COMPLETE THE FOLLOWING:

Guardian/Personal Representative's Name: _____

Relationship to patient: _____

If you would like information concerning your dental care and health to be shared with other family members/individuals please list them below.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

*You may revoke consent at any time by giving us written notice of your revocation.