

# Dental Health P.C.

## Consent for Use and Disclosure of Health Information

I \_\_\_\_\_ have received a copy of the office's Notice of Privacy Practices.

This date of \_\_\_\_\_ If you are signing for children please just list their names.

Children(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please fill out this section if someone other than yourself can acquire information or pay on your account:

I \_\_\_\_\_ authorize Dental Health P.C. and Complete Dental Health L.L.C to provide information to or receive information from:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that by signing this form I will consent to use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations.

Before I sign, I have the right to read and/or request the Notice of Privacy Practices. This notice provides a description of our: treatment, payment activities, health care operations, the uses and disclosures we may make of your protected health information, and other important matters about your protected health information.

I understand that I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to the contact person mentioned below. I understand that the revocation will not apply to information that has already been disclosed in response to and in reliance on this authorization.

Contact Person: Dental Health P.C.  
869 NW 23rd St  
Corvallis OR 97330  
Ph: 541-757-1829  
Fax: 541-757-8628

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ You are entitled to a copy of this consent after you sign it.

## Office Use Only

We have attempted to obtain written acknowledgement of receipt of our Privacy Practices but acknowledgement could not be obtained due to:

Other: \_\_\_\_\_  
\_\_\_\_\_

Communication barrier      Individual refused to sign      Emergency situation

