

"PRIVACY RULE" CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. It was also created to provide a standard for certain healthcare providers to obtain the patients consent to use and disclose health information to carry out treatment an insure payment.

We respect your right to the privacy of your personal dental records and will do all we can to secure and protect them. However, in some instances it may become necessary to release information to laboratories, pharmacies, dentists and/or physicians in order to fulfill our commitment to maintain your health. Be assured, you have our full support to access your own records any time we are available.

By signing this consent form, you are giving us permission to release certain information for the reason mentioned above. It also allow us to email, text as well as leaving a message on your voicemail regarding your appointments or account. You have the right to revoke your consent at any time with a written and signed notice.

Patient or Responsible Party Name: _____

Signature: _____

Date: _____