Consent Form

Brevard Oral Wellness LLC

Client's Name:____

Name of Facility:__________________________________ **Room Number:**__________________

Responsible Party Name:_____________________________ **Relationship to Client:** ____________

Email for Billing - Please Print Clearly

Email for Billing: ____

Billing Address:____

Cell Phone: ______________________________**Home Phone:**______________________________

We recommend monthly visits to maintain oral health. Please check the frequency of visits below.

☐ **Monthly** ☐ **Every Two Months** ☐ **Every Three Months**

Financial Policy

We are a **fee-for-service provider**. All fees are to be paid by the responsible party and are due **within 30 days of the date of service**. A **$15.00 late fee** will be applied to balances unpaid after 30 days. Payment arrangements for multiple visits may be made upon request. Otherwise, **monthly invoices and visit summaries will be emailed**. **PLEASE PROVIDE AN EMAIL ADDRESS ABOVE.**

Notice of Privacy Practices (HIPAA)

In compliance with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, we maintain the confidentiality of your protected health information. Your information will be used or disclosed **only as necessary** to provide, coordinate, or manage your dental care, or as permitted or required by law. This may include sharing information with dentists or other healthcare providers involved in your care.

Complimentary Oral Screenings

Complimentary oral screenings are limited to data collection for dentist review. Our team consists of dental hygienists and dental assistants; no dentist is on staff. These services do not replace a prophylaxis or comprehensive dental exam. Diagnoses of caries, soft tissue disease, oral cancer, TMJ disorders, or dentofacial malocclusions can only be made by a dentist. We encourage all patients to see their dentist regularly when possible.

Signature: ____**Date**: ________________

My signature and initials indicate I have read and understand the information on this page. I give authorization for the above-named person to be seen by Brevard Oral Wellness, LLC

Brevard Oral Wellness, LLC
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