



**Consent Form**  
**Brevard Oral Wellness LLC**

**\*Please Print Clearly\***

**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 visit that you would like below. Credit balances will be refunded if the service is not provided.

Monthly ☐ Every Two Months ☐ Every Three Months ☐ Other ☐ \_\_\_\_\_

All fees and obligations will be paid by the responsible party. All fees are due 30 days from the date of service. After 30 days, a fifteen dollar per month RE-BILL/Late fee will be assessed. Any money paid will be fully refunded if service is not provided.

In accordance with the Privacy Regulations created by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information that describes how we may use and disclose your protected health information to carry out treatment, payment of health care operations and for other purposes that are permitted or required by law.

We will only use and disclose your protected health information to provide, coordinate, or manage your dental care and any related services. For example: your health/dental information may be provided to a dentist to whom you have selected to see. This will ensure the dentist has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information periodically to another dentist, physician or health care provider who becomes involved in your care.

Initial here please ☐

\*Complimentary oral screenings are limited to collecting data which could be used by a dentist. Our team consists of dental hygienists and dental assistants; we do not have a dentist on staff. Our services do not take the place of a prophylaxis or comprehensive exam that can only be performed by a dentist. A diagnosis of caries, soft tissue disease, oral cancer, Temporomandibular Joint Disease (TMJ) and dentofacial malocclusions can only be completed through a comprehensive dental exam. We encourage all residents to see their dentists on a regular basis.

**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**  
**679 Atlantic Dr. Satellite Beach Fl. 32937**  
**brevardoralwellness@gmail.com**  
**(321) 960-4682**