

Dental Health P.C. and Complete Dental Health L.L.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 is paying for or acquiring information 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.	Complete Dental Health L.L.C.
	869 NW 23rd St	1123 Hill St SE Suite A
	Corvallis OR 97330	Albany OR 97322
	Ph: 757-1829	Ph: 928-6622
	Fax: 757-8628	Fax: 928-6958

Signature: _____ Email: _____

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

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