

North Rivers Dental Assoc./East Cooper Dental Excellence

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

With my consent, North Rivers Dental Assoc./East Cooper Dental Excellence may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to North Rivers Dental Assoc./East Cooper Dental Excellence's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. North Rivers Dental Assoc./East Cooper Dental Excellence reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to North Rivers Dental Assoc./East Cooper Dental Excellence Privacy Officer.

With my consent, North Rivers Dental Assoc./East Cooper Dental Excellence may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, North Rivers Dental Assoc./East Cooper Dental Excellence may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as reminder cards and patient statements as long as they are marked Personal and Confidential.

I have the right to request that North Rivers Dental Assoc./East Cooper Dental Excellence restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to North Rivers Dental Assoc./East Cooper Dental Excellence's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, North Rivers Dental Assoc./East Cooper Dental Excellence may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patients Name

Date

Print Name of Patient or Legal Guardian