

Budding Smiles of Beaver

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Patient's Name _____

Patient's Date of Birth _____

The department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for your privacy. The Privacy Rule was also created to provide a standard for health care providers to obtain their patient's consent for use and disclosure of health information to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal dental records and will do all we can to secure and protect your privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those that require your health care information and information about your treatment, payment, or healthcare operations, to provide care that is in your best interest. This would include sending X-rays (radiographs) to another dental or medical professional such as an orthodontist, oral surgeon, etc. if your treatment needs dictate that. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will post a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain. For a copy of the contract, you can contact us at 724-774-1920.

You may refuse to consent to the use of our disclosure form for your child(ren)'s personal health information, but this must be in writing. Under this law, we have the right to refuse to treat the patient should you choose to refuse to disclose your Personal health Information. You may not revoke actions that have already been taken which relied on this or a previously signed contract.

You have the right to review our privacy notice, to request restrictions, and revoke consent for yourself or your child(ren) in writing after you have reviewed our privacy notice.

GIVING CONSENT:

I have reviewed, understand, and agree to this contract for myself and on behalf of my child(ren).

Printed name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Relationship to Patient: _____

Child (ren)'s name(s): _____

Address: _____

Date: _____