

PRESERVATION DENTAL

Office of Dr. William S. Demray

Notice of Privacy Practices Acknowledgement and Consent

I hereby give my consent for Preservation Dental to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). *(The Notice of Privacy Practices provided by Preservation Dental describes such uses and disclosures more completely.)*

I have the right to review the Notice of Privacy Practices prior to signing this consent. Preservation Dental reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Preservation Dental.

- With this consent, Preservation Dental may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice – such as appointment reminders and insurance items.
- With this consent Preservation Dental may mail to my home or other alternative location any items that assist the practice, such as appointment reminder cards and patient statements as long as they are marked “Personal and Confidential”.
- With this consent Preservation Dental may e-mail to my home or other alternative location any item that assists the practice such as appointment reminder cards and patient statements.

I hereby authorize Preservation Dental to discuss my PHI with:

Print Name Relationship to patient

Print Name Relationship to patient

Print Name Relationship to patient

By signing this form, I am consenting to allow Preservation Dental to use and disclose my PHI to carry out TPO. I have the right to request that Preservation Dental restrict how it uses or discloses my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Preservation Dental may decline to provide treatment to me.

Please Print Patient's Name

Patient's Signature Date

When applicable: Print Name of Patient's Representative *(Example: Parent, Legal Guardian)* Relationship to patient

Patient's Representative's Signature Date

Employee/Witness Signature Date

Documentation of Failure to Obtain Signed Acknowledgement

The Preservation Dental staff presented this Notice of Privacy Practices and Acknowledgement and Consent Form to patient:

The patient refused to provide a signature as requested.

Signature of Preservation Dental Staff Member

Date