SMALL HANDS, BIG HEART

WILLDEN
FAMILY DENTAL

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

HIPAA (Health Insurance Portability and Accountability Act)

SECTION A: PATIENT GIVING CONSENT

Name: _____

Birthdate: _____

SECTION B: TO THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations. You are entitled to a copy of this consent after signature.

Notice of Privacy Practices: You have the right to read our **Notice of Privacy Practices** before you decide whether to sign this Consent. We encourage you to read it carefully and completely before signing this Consent.

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 issue 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.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice by contacting:

Contact Person: Jessica Telephone: 970-249-2533 Fax: 970-252-8234

Email Address: office@willdendental.com

Address: 816 South 1st Street, Montrose, CO 81401.

Right to Revoke: You have the right to revoke this Consent at any time by giving us written notice or your revocation. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received you revocation, and that we may decline to treat you if you revoke this Consent.

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

_____ _____

Patient Signature Date

_____

Legal Guardian Name (if applicable)

_____

Legal Guardian Signature (if applicable)