

Dr. Deborah Christopher, D.D.S.

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

Patient Name: _____

Patient Address: _____

Please read carefully

Purpose of consent:

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of privacy practices:

You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice contains a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies 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.

Right to revoke:

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

I, *(print your name)* _____, 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 consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: _____

(Parent can sign here, if patient is a minor)

Date: _____

*** If Consent is signed by a parent / personal representative, please complete the following:**

Relationship to the Patient: _____

**** You are entitled to a copy of this consent after you sign it. Please tell us if you would like a copy.**