

## **PATIENT CONSENT FORM FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

Privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we manage your personal information. It is important to us to provide this service to our patients.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent. The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date. You have the right to restrict how your protected health information is used and disclosed for treatment, payment, or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations. By signing this form, you consent to our use and disclosure of your protected healthcare information. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive. By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law
- The practice has the right to restrict the use of information, but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent;

### **HOW OUR OFFICE COLLECTS, USES AND DISCLOSES PATIENTS' PERSONAL INFORMATION**

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information. This office will collect, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient care;

- To advise you of treatment options;
- To establish and maintain communication with you via phone, text, or email;
- To Communicate with other treating health care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists;
- To book and confirm appointments via phone, text, or email;
- To allow us to efficiently follow-up for treatment, care and billing;
- To complete and submit dental claims for third party adjudication and payment;
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice;
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale;
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any;
- To invoice for services;
- To process credit card payments;
- To collect unpaid accounts;
- To assist this office to comply with all regulatory requirements;
- To comply generally with the law.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Our office will not, under any conditions, supply your insurance with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

I have reviewed the information above that explains how your office will use my personal information, and the steps your office is taking to protect my information.

I agree that all members employed at Northwest Dental Group can collect, use and disclose personal information as set out above in the information about the office's privacy policies.

This consent was signed by: \_\_\_\_\_ Date: \_\_\_\_\_