

Gold Coast Dental Care

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Consent for Use and Disclosure of Health Information

Section A: Patient Giving Consent

Name: _____

Address: _____

Telephone: _____ Email: _____

Section B: To the Patient – Please Read the following statements carefully

Purpose of Consent: By signing this form you will consent to our use and disclosure of your permission to carry out treatment, payment activities and healthcare operations.

Notice of Privacy Practice: You have the right to read our Privacy Practices before you have to sign this Consent. Our notice provides 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 documents.

We reserve the right to change our privacy notices as described in Our Notice of Privacy Practice we will issue a revised Notice of Privacy Practices which will contain the changes that may apply to any of our protected health information that we maintain.

Signature:

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

Signature: _____ Date: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.