

ACKNOWLEDGEMENT AND CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION and DENTAL MATERIALS FACT SHEET

Name: _____

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out dental treatment, payment activities, healthcare operations, and dental materials used. This is upon the demand of the State of California and HIPAA regulations.

Notice of Privacy Practices/Dental Materials: You have the right to read our Notice of Privacy Practices and Dental Materials Fact Sheet of May 2004, before you decide whether to sign this consent. Our Notice and Fact Sheet provide 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. 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.

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 High Park Dental Group. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we revised your revocation, and that we may decline to treat you or to continue treating you if you revoke this consent.

Signature

I had full opportunity to read and consider the contents of High Park Dental Group's Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to High Park Dental Group to use and disclosure of my protected health information to carry out treatment, payment activities and health care opportunities.

In addition, I had full opportunity to read and consider the contents of The Dental Material Fact Sheet.

Signature: _____ Date: _____