

Patient Consent/ Acknowledgement Form

Cypress Dental
Dr. Atty Smith

By signing below, you consent to the use and disclosure of your protected health information by Dr. Atty Smith, our staff, and our business associates for treatment, payment, and health care operations. For a more detailed description of uses and disclosure for these purposes, please review our Notice of Privacy Practices. You have the right to review our Notice prior to signing this consent. The terms of this Notice may change. If the terms do change, you may obtain a revised Notice by simply contacting this office at (775) 825-8366 and requesting a revised Notice. We will also post any revised notice in the office. You have the right to request that we restrict our uses or disclosures of your protected health information which we are otherwise permitted to make for treatment, payment and health care operations, although we are not required to these restrictions. However, if we agree to further restrictions, they are binding on us. Finally, you may refuse to consent to the use or disclosure of your protected health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Protected Health Information (PHI).

THIS FORM IS ALSO USED TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES OR TO DOCUMENT OUR GOOD FAITH EFFORT TO OBTAIN THAT ACKNOWLEDGEMENT.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO THE CONTENT OF THE NOTICE OF PRIVACY.

SIGNATURE(S) _____ **DATE** _____
*****A SIGNATURE IS NEEDED FOR EACH MEMBER OF THE FAMILY. CHILDREN UNDER THE AGE OF 18 MUST HAVE A PARENT/GUARDIAN SIGNATURE*****

_____ **FOR OFFICE USE ONLY** _____
If patient does not sign, please specify why patient chose not to sign the consent /acknowledgement of notice privacy.

All forms are for educational use only and do not constitute legal advice.
All forms are subject to change in the Federal Law and applicable state laws.
Seek Legal advice before use.