Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices Form

Glowing Smile Dental Care
8466 W. Peoria Ave Suite 12
Peoria, AZ 85345
(623)486-5566

I, _______________________________, hereby give my consent to the practice to use or disclose, for
(Name of Patient or Authorized Guardian)

the purpose of carrying out treatment, payment, or health care operations, all information contained in the patient record of ___________________________.
(Patient's Name)

I acknowledge receipt of the practice's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the practice has reserved a right to change its privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available at my next office visit.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the practice. I also understand that I will not be able to revoke this consent in cases where the practice has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the practice's office.

Signed: ____**Date:** _____________________

If you are not the patient, please specify your relationship to the patient ___________________.

Please list all authorized family members, friends and individuals to whom we may disclose your information for the purpose of helping with your dental care or payment for your dental care:

1) __________________________________ 4) __________________________________
2) __________________________________ 5) __________________________________
3) __________________________________ 6) __________________________________

(If more then please list on back)

OFFICE USE ONLY

Patient was given a copy of Notice of Privacy Practices and patient refused to sign the acknowledgement.

Team Member Name: ___________________________

Signed: ____Date: _____________________