



Palouse Pediatric Dentistry

Karen M. Sept, DMD

Consent for Use and Disclosure of Health Information

Patient's Name _____ Date of Birth ____/____/____

Patient's Name _____ Date of Birth ____/____/____

Patient's Name _____ Date of Birth ____/____/____

Patient's Name _____ Date of Birth ____/____/____

To the patient's representative:

By signing this form, you will consent to our use and disclosure of your child's protected health information to carry out treatment, payment activities, and healthcare operations.

A copy of our Notice of Privacy Practices accompanies this Consent. 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.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting Michele Walker, Practice Administrator for Karen M. Sept, DMD, Palouse Pediatric Dentistry, LLC. Phone 208-882-9999 or Fax 208-882-9998.

You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to Michele Walker. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat your child or to continue treating your child if you revoke this Consent.

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

Signature _____ Date ____/____/____

Print Name

Relationship to Patient

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