

Eggert Family Dentistry

Elizabeth C. Eggert DDS and Jeffrey M. Eggert DDS

Acknowledgement of Receipt of Notice of Privacy Practices and Consent for Use and Disclosure of Health Information

To the Patient – Please read the following statement carefully

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

Notice of Privacy Practice: You have the right to read our Notice of Privacy Practices before you decide whether or not 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 other important matters about your protected health information. A copy of our Notice of Privacy Practices accompanies 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. These changes may apply to any of your protected health information that we maintain.

You may obtain another copy of our Notice of Privacy Practices, including revisions, at any time by contacting:

Elizabeth Eggert

Telephone: 651-482-8412 Fax: 651-482-8376

700 Village Center Drive; Suite 120

North Oaks, MN 55127

Consent Does Not Expire after One Year: By signing the Consent form, I am explicitly giving informed consent for the release of health records and health information for the purposes listed herein and that this Consent does not expire after one year for 1) the release of health records to a provider who is being advised or consulted within connection with the releasing provider's current treatment of myself; or, 2) the release of health records to an accident and health insurer, health service plan corporation, health maintenance organization, or third-party administrator for purpose of payment of claims, fraud investigation, or quality of care review and studies.

Right to Revoke: You have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Privacy Officer listed above. 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 you or continue treating you if you revoke this Consent. You may obtain a revocation of consent form upon request.

SIGNATURE

I have received a copy of this practice's Notice of Privacy Practices and have had the full opportunity to read and consider the contents of this Consent form. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations. I acknowledge Eggert Family Dentistry as the keeper of my dental records and give them permission for that duty.

Signature

Date

Name of Patient, Please Print _____ Telephone _____

Address _____

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative Name _____ Relationship _____

(Note: a parent is considered a Personal Representative for a minor under the HIPPA Privacy Regulations.)

For Phone, Text and Email Communications

By checking the boxes below, I consent to the following: The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing. You may choose multiple forms of communication. You must choose at least one in order for us to be able to treat you. The dental practice may:

Call me

Text me

Email me

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