

# Generations In Dentistry

13331 Illinois Street | Carmel IN, 46032 | (317) 573-4000

## CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

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### **PLEASE READ THE FOLLOWING STATEMENT CAREFULLY**

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

***Notice of Privacy Practices:*** You have the right to read our Privacy Practices before you decide to sign the consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we make of your protected health information, and of other important matters about your protected health.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our policy 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:

Contact Person: Genny B. or Debbie C.

Telephone: 317-573-4000

Fax: 317-573-4118

***Right to Revoke:*** You will have the right to revoke this Consent at any time by giving us a written notice of the revocation submitted to the Contact Person list above. Please understand that revocations 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 to continue treating you 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 and **request a copy**. I understand that, by signing I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature \_\_\_\_\_ Date \_\_\_\_\_