R. Renan Williams DDS

General Dentistry

5104 Eldorado Dr.
North Richland Hills, TX 76180

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Name: _____ Date of birth: _____

Please list the names of ALL people (e.g. spouse, parents, children etc.) you authorize us to release your health information to, including copies of your records if needed:

_____

_____

CONSENT & ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have had full opportunity to read and consider the contents of this Consent form and Notice of Privacy Practices. 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 health care operations. *(Available upon request.)*

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

Notice of Privacy Practices: Our Notice provides a description of our treatment, payment activities, and health care operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this consent (On the New Patient paperwork clip board in the office). We encourage you to read it carefully before signing this Consent. 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, at any time.

Signature: _____ Date: _____

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

Personal Representative's Name:_____

Relationship to Patient:_____

You are entitled to a copy of this consent after you sign it. Include completed consent in the patients chart.

Staff will fill out this section if patients signature is not obtained

Our office made a good faith effort to obtain Acknowledgement of Receipt of our Notice of Privacy Practices, but it could not be obtained for the following reason.

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature.

_____ Language barriers kept us from obtaining the patients' signature.

_____ Other: _____.