

Boulder Dental Center

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, designated Boulder Dental Center personnel may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and Healthcare Operation (TPO). Please refer to Boulder Dental Center's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I fully understand that I have the right to review the Notice of Privacy Practices prior to signing this consent. Boulder Dental Center reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the designated Boulder Dental Center HIPAA Compliance/Security Officer, Boulder Dental Center, 1610 Canyon Boulevard, Boulder, Colorado 80302.

With my consent, Boulder Dental Center personnel may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assists Boulder Dental Center personnel in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, designated Boulder Dental Center personnel may mail to my home or other designated location any items that will assist designated Boulder Dental Center personnel in carrying out Treatment, Payment, and Healthcare Operations (TPO), such as a appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, designated Boulder Dental Center personnel may e-mail to my home or other designated location any items that assist Boulder Dental Center in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Boulder Dental Center restrict how it uses or discloses my PHI to carry out TPO. However, Boulder Dental Center is not required to agree to my requested restriction, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Boulder Dental Center's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that Boulder Dental Center has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Boulder Dental Center may decline to provide treatment to me, forward insurance claims on my behalf, or provide protected PHI to sources outside of the Boulder Dental Center organization.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian