

Hingham Dental Associates

Patient Consent for Use and Disclosure of Protected Health Information

Purpose of Consent: By signing this form you will consent to Hingham Dental Associates' use and disclosure of your protected health information (**PHI**) to carry out treatment, payment activities and health care operations (**TPO**). The Notice of Privacy Practices provided by Hingham Dental Associates describes such uses and disclosures more completely.

Notice of Privacy Practices: You have the right to review our Notice of Privacy Practices prior to signing 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 PHI; and of other important matters about your PHI. A copy of our Notice accompanies this consent. We encourage you to read it carefully and completely before signing this consent. Hingham Dental Associates reserves 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, by contacting the **Privacy Officer**, Janine Pellegrino, R.D.H. at 781-749-1099, 20 Downer Avenue, Suite 2, Hingham, MA 02043.

With this consent, **Hingham Dental Associates** may:

- Call your home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to your clinical care, including laboratory test results, among others.
- Mail to your home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
- E-mail to your home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
- Send insurance claims by mail and electronically for payment.
- Share your medical/dental information if referred to a specialist.

Right to Revoke: You will 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 to continue treating you if you revoke this consent.

Signature: I have had full opportunity to read and consider the contents of this consent form and of Hingham Dental Associates' 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.

Print Patient's Name

Signature of Patient or Legal Guardian

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

Personal Representative's Name: _____

Relationship to Patient: _____

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