Personal Information Consent Form

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner.

This document summarizes some of the personal information we collect, use, and disclose. In addition to the circumstances described in this form, we also collect, use, and disclose personal information when permitted or required by law.

Contact Information is collected and used for the following purposes:

· To process claims for payment or reimbursement from third-party health benefit providers and insurance companies.

· To invoice patients for dental services, to process credit card payments or to collect unpaid accounts.

· This also includes information for predetermination of benefits to insurance companies.

· To send reminders to patients concerning the need for further dental examination or treatment via email and text.

· To send patients informational material about our dental practice.

· To open and update patient files.

Patient's Medical Information is disclosed:

· To other dentists and dental specialists, where we are seeking a second opinion and the patient consented to us obtaining the second opinion.

· To other health care professionals such as physicians if the patient, with their consent, has been referred by us to other health care professional for either a second opinion or treatment.

· To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment.

· To other dentists and dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion.

· To third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment on all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf.

I, the undersigned, certify that to the best of my knowledge all the information I have provided today is correct. I have not knowingly omitted any information. I have had the opportunity to ask questions and receive answers regarding my medical & dental history. Should there be any change in either my health status or personal information I have provided, I will inform the office accordingly. I understand that all information is collected in strict confidence and is solely used to improve communications between this office and myself.

I authorize the dental staff to perform such dental services as may be necessary and authorize the release of written records to any referring or treating dentist, physician, medical facility, or insurance company for legal documentation.

I have read the above conditions of treatment and agree to their content. Date: / /

Print name: _____ Signature: _____

Relationship (Parent):_____