

# Consent for use & disclosure of Health Information

## Patient Acknowledgement of Receipt of Dental Materials Fact Sheet

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I, \_\_\_\_\_, (parent/guardian name) acknowledge I have received/read a copy of the Dental Materials Fact Sheet, dated May 2004.

\_\_\_\_\_

Patient's Name

\_\_\_\_\_

Patient /Parent/Guardian Signature

**View "The Facts About Fillings" at [www.dbc.ca.gov](http://www.dbc.ca.gov)**

Section A: Patient consent

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Section B: I consent to the use and disclosure of my protected health information to carry out treatment, payment and healthcare operations. You have the right to read the Notice of Privacy Practices before you sign this consent. We encourage you to read it prior to signing this form. I understand that I have the right to revoke this consent at any time by giving a written notice to the office. The revocation will only apply to any further actions or treatment performed by the office from that point onwards.

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

If you are signing on behalf of a patient please complete the following

Name \_\_\_\_\_ Relation to the patient \_\_\_\_\_

Revocation of consent

I revoke my consent for use and disclosure of my protected health information for treatment, payment and healthcare operations

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