



Privacy Policy and Patient Consent for Use and Disclosure of Patient Protected Health Information

This documents describes State 48 Dental’s use and discloser of your (PHI) Protected health information, to carry out (TPO) Treatment, Payment and Healthcare Operations

You have the right to view our Notice of Privacy Practices prior to signing this consent. State 48 Dental 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 State 48 Dental, 5122 N. 95th Ave, suite A-100, Glendale AZ 85305.

I have the right to request that State 48 Dental restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

ONLY INITIAL where you will allow us to communicate with you regarding your protected health information and Treatment Payment and Healthcare Operations:

_____ I will only allow communication of my information in person within the dental office.

_____ Voice Mail

With this consent, State 48 Dental may call me and/or leave a message on voice mail discussing PHI and TPO.

_____ Mail

With this consent, State 48 Dental may mail to my home or other alternative location any items that assist the practice in carrying out TPO

_____ E-mail: _____@_____

With this consent, State 48 Dental may e-mail items that assist the practice in carrying out TPO. Please note email is a NONSECURE form of data transmission. Patients will be required to answer a security question such as “What is your date of birth?”, before any information will be sent via email.

_____ Family or Friend

With this consent, State 48 Dental may speak to _____ regarding my PHI and TPO

Signature of Patient or Legal Guardian

Print Patient’s Name

Date

Print Name of Patient or Legal Guardian, if applicable