CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION
&
GENERAL CONSENT FOR DENTAL TREATMENT

SECTION A: PATIENT GIVING CONSENT

Name:_____Date of Birth: _____/_____/_____

SECTION B: TO THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. THE PRIVACY OF YOUR HEALTH INFORMATION IS OUR TOP PRIORITY.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign 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 protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent. We reserve 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 of our Notice, at any time by contacting:

Contact Person: Dental Office Manager

Tel: 508-927-4676 Fax: 508-927-4675 E-mail: drpham@oberydental.com Address: 57 Obery St, STE 2, Plymouth, MA 02360

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 Contact Person 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.

SECTION C: GENERAL CONSENT FOR DENTAL TREATMENT

I authorize dental treatment including necessary or advisable examination, radiographs (x-rays), and local anesthesia. In general, dental treatment may include but is not limited to one or a number of the following:

- Administration of local anesthesia.
- Cleaning of teeth and application of topical fluoride or scaling and root planning with local anesthesia.
- Application of sealants to the grooves of teeth.
- Treatment of diseased or injured teeth with dental restorations (white or silver fillings).
- The replacement of missing teeth with a dental prosthesis (crowns, bridges, partials, denture, etc…)
- Treatment of diseased or injured oral tissues (hard and/or soft tissues).
- Treatment of malposed (crooked) teeth and/or developmental abnormalities.
- Treatment of the canal or pulp chamber that lies inside the tooth (also known root canal therapy).

***There are other dental treatments such as oral surgery and dental implant surgery that will have their own detailed consent forms.**

SECTION D: CONSENT TO DISCLOSE DENTAL INFORMATION

I authorize Mark Pham, DMD, PC and staff to discuss my treatment, account, appointments, and insurance with the below named person(s). ***Please specify below the names and relationships of those authorized to discuss your treatment and account with us.**

_____ _____
Name **Relationship**

_____ _____
Name **Relationship**

SIGNATURE

I have had full opportunity to read and consider the contents of ALL Consents and the Notice of Privacy Practices. I understand that, by signing this 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. I am also giving my consent for you to start dental treatment.

_____ _____/_____/_____
Signature **Date**

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

_____ _____
Name of Personal Representative (PRINT) **Relationship**

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