

# Littleton Dental

## Patient Consent for Use and Disclosure of Protected Health Information

With my consent, designated Littleton Dental personnel may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and Healthcare Operation (TPO). Please refer to Littleton Dental's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I fully understand that I have the right to review the Notice of Privacy Practices prior to signing this consent. Littleton 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 the designated Littleton Dental HIPAA Compliance/Security Officer, Littleton Dental, 7735 W Long Drive,#9 , Littleton, Colorado 80123.

With my consent, Littleton Dental personnel may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assists Littleton Dental personnel in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, designated Littleton Dental personnel may mail to my home or other designated location any items that will assist designated Littleton Dental personnel in carrying out Treatment, Payment, and Healthcare Operations (TPO), such as a appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, designated Littleton Dental personnel may e-mail to my home or other designated location any items that assist Littleton Dental in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Littleton Dental restrict how it uses or discloses my PHI to carry out TPO. However, Littleton Dental is not required to agree to my requested restriction, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Littleton Dental's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that Littleton Dental has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Littleton Dental may decline to provide treatment to me, forward insurance claims on my behalf, or provide protected PHI to sources outside of the Littleton Dental organization.

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Signature of Patient or Legal Guardian

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Patient's Name

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Date

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Print Name of Patient or Legal Guardian