

# Drew Heberer Family Dentistry

## PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Drew Heberer Family Dentistry to use and disclose protected health information (PHI) about me and to carry out treatment, and payment operations. Drew Heberer Family Dentistry Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review and receive the Notice of Privacy Practices prior to signing this consent. Drew Heberer Family Dentistry reserves the right to revise its Notice of Privacy Practices anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Drew Heberer Family Dentistry's Privacy Officer at 3803-A Computer Drive, Raleigh, N.C., 27609.

With this consent, Drew Heberer Family Dentistry may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care.

With this consent, Drew Heberer Family Dentistry may mail to my home or other alternative location any items that assist the practice in carrying out TPO.

However, the practice is not required to agree to my requested restrictions, but, if it does, it is bound by this agreement.

By signing this form, I am consenting to Drew Heberer Family Dentistry's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Drew Heberer Family Dentistry may decline to provide treatment to me.

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Signature of Patient or legal guardian

Date

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Patient' Name

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Print Name of Patient or Legal