



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

I hereby give my consent for North Hills Dentistry to use and disclose protected health information (PHI) about me and to carry out treatment, and payment operations. North Hills 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. North Hills 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 North Hills Dentistry, Attention: Privacy Officer at 3803 Computer Drive, Ste 101, Raleigh NC 27609.

With this consent, North Hills Dentistry may call my home or other alternative locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO (Treatment, Payment and Healthcare Operations) such as appointment reminders, insurance items and any calls pertaining to my clinical care.

With this consent, North Hills 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 North Hills 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, North Hills Dentistry may decline to provide treatment to me.

Printed Patient's Name or Legal Guardian

Signature of Patient or Legal Guardian

Date