

PRIVACY CONSENT



Monroe Phone (608) 328-8228
Monticello Phone (608) 938-4001
Email frontdesk@greenvalleydds.com
greenvalleydds.com

Acknowledgment of receipt of notice of privacy practices and consent

(Please request a copy of our privacy practices from our front desk staff)

I requested a copy of Green Valley Dental's notice of Privacy Practices. I understand this document provides an explanation of the ways in which my protected health information may be used and disclosed by Green Valley Dental and of my rights with respect to my protected health information.

I am giving my consent to use and disclose my protected health information to carry out treatment, pay activities and health care operations (without signature, we may decline to treat you).

We may use professional judgment and our experience to make a reasonable inference of your best interest in allowing an authorized person to pick up items that contain personal health information, including those involved in care or payment for that care.

Right to revoke: This consent is effective until revoked by you. You may revoke this consent at any time giving written notice to the office. Revocation of this consent will affect any action in reliance on this authorization before we received your written notice of revocation.

Date: _____

Patient Name: _____

Patient Signature: _____

Signature of patient's representative if patient is unable to sign: _____

Relationship to patient: _____

To be completed by Green Valley Dental personnel if form is not signed:

1. Was patient provided with a copy of the notice of privacy practices? YES NO
2. Briefly describe the efforts made to obtain the patient's acknowledgment of the receipt of the notice and explain why the patient was unable or unwilling to sign this form:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgment

Other (please specify): _____