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Patient Consent for Use and Disclosure of Protected Health Information

With my consent, designated Boardwalk Dental Care personnel may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and Healthcare Operations (TPO). This may include the use of letters, emails, facsimiles, and text messages. Please refer to Boardwalk Dental Care'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.

With my consent Boardwalk Dental Care may mail, to my home or other designated location, any items that will assist Boardwalk Dental Care in carrying out Treatment, Payment and Healthcare Operations (TPO), such as appointment reminder cards and patient statements.

When my information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient that is outside Boardwalk Dental Care's control. If I do not sign this consent, Boardwalk Dental Care may decline to provide treatment to me, forward insurance claims on my behalf, or provide PHI to necessary sources outside of Boardwalk Dental Care.

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

Patient Name _____ Legal Guardian's Name _____

Signature of Patient/Guardian _____ Date _____