

Patient Consent For Use & Disclosure Of Protected Health Information

With my consent, Brookdale Dental Care, Kong Vang DMD, PA may use and disclose protected health information (PHI) to carry out treatment, payment and healthcare options (TPO). Please refer to Brookdale Dental Care's Notice of Privacy Practices for a more complete description of uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Brookdale Dental Care reserves the right to revise its Notice of Privacy Rights at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Brookdale Dental Care as well.

With my consent, Brookdale Dental Care may call my home or other designated location and leave a message on voice mail or in person in reference to any item that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any call pertaining to my dental care.

With my consent, Brookdale Dental Care may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.

By signing this form, I am consenting to Brookdale Dental Care'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, Brookdale Dental Care may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian

Authorization to Pay Doctor

I hereby authorize and direct payment of any dental expense benefits allowable to Dr. Vang as payment toward the total charges for professional services rendered. These payments will not exceed my indebtedness to Dr. Vang. I agree that a photo copy of this agreement shall serve as the original.

Signature

Date

Authorization to Pay/Release is granted to:

Brookdale Dental Care, Kong Vang DMD PA