

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION
A. ROY WRATHER DDS

*NAME: _____
*ADDRESS: _____
*TELEPHONE: _____ *EMAIL _____
* SOCIAL SECURITY# _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

PURPOSE OF CONSENT: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations.

NOTICE OF PRIVACY PRACTICES: You have the right to read our notice of privacy practices before you decide to sign this consent. Our notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your health information, and of other important matters about your health information. A copy of this notice accompanies this consent. We encourage you to read it carefully and completely before signing this consent.

You may obtain a copy of our notice of privacy practices, including any revisions of our notice, at any time by contacting:

A. Roy Wrather DDS/HIPAA Contact Officer
720 West Sherrod Ave.
Covington, TN 38019
(901)476-8121
FAX (901)476-7573

(Please Print) * I, _____ have had full opportunity to read and consider the contents of this consent form and your notice of privacy practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

* _____ / ____ / ____
Signature **Date**

If this consent is signed by a personal representative on behalf of the patient complete the following:

* _____ / ____ / ____
Signature **Date** **Relationship to patient**

RIGHT TO REVOKE: You will have the right to revoke this consent at any given time by giving us a written notice of your revocation submitted to the contact person above. Please understand that revocation of this consent will not affect any action we took in reliance on this consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this consent.

You are entitled to a copy of this consent after you sign it. Would you like one? yes or no