**Patient Acknowledgement of Receipt of Dental Materials Fact Sheets**

Purpose: This form is used to obtain acknowledgement of receipt of our Dental Materials Fact Sheet

“I acknowledge that I have received from Mountain and Sea Dental and Associates, a copy of the Dental Materials Fact Sheet.”

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Signature Date

**Patient Acknowledgement of Receipt of Notice of Privacy Practices**

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

“I have received a copy of Mountain and Sea Dental and Associates Notice of Privacy Practices.”

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Signature Date

**Consent for the Use and Disclosure of Health Information**

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

Notice of Private Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this contract. Our notice provides a description of our treatment, payment activities and healthcare operations, of the uses and disclosures we may make of your protected health information. A copy of our Notices accompanies this consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice Of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain. You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting our office.

Right to Revoke: You will have the right to revoke this consent at any time by giving us written notice of your revocation, submitted to your doctor. 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.

**“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 of activities and health care operations.”**

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Signature Date