



Jesse G. Hayden DMD PC

Tigard, Oregon 97223

P: 503-968-9766 F: 503-968-9768

E-mail: office@haydendmd.com

Contact Person: Whitney, Privacy and Security Officer

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: PATIENT GIVING CONSENT

Name (please print): _____ Date: _____

Signature: _____

B: TO THE PATIENT—PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS CAREFULLY.

____ **Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your, PHI (Protected Health Information) including but not limited to chart notes, diagnosis, x-rays and I.D. in any format necessary to carry out treatment, payment activities, and healthcare operations including referrals to and from specialists. I understand that electronic media pose certain risks to the privacy and security of my PHI. JESSE G. HAYDEN, D.M.D. recognizes our responsibility to protect your information and, therefore, utilizes every protection method reasonable and available to us to do so. Once information, in any form, leaves our office, we cannot be held responsible for the handling of that information by another party. Jesse G. Hayden, D.M.D. does not assume the risk for the actions of others.

____ **Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether 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 PHI, and of other important matters about your PHI. We encourage you to read it carefully and completely before signing this Consent. Signing this authorization signifies that you have acknowledged you are entitled to receive a copy of the Notice of Privacy Practices from Jesse G. Hayden, D.M.D. at any time.

____ **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 and provide a revised authorization form for your signature. Those changes may apply to any of your PHI that we maintain.

____ **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 the Contact Person listed 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.

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: _____

I give permission for the provider(s) to communicate with the following **family members**/organizations regarding my treatment and **financial** arrangements: _____

Signature: _____ Date: _____

For Minors: If a personal representative on behalf of the patient signs this Consent, complete the following:

Personal Representative's Name: _____

Relationship to Patient: _____

**YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.
Include completed Consent in the patient's chart.**

REVOCACTION OF CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment activities, and healthcare operations.

I understand that revocation of my Consent will *not* affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

Signature: _____ Date: _____

<p>For Office Use Only</p>

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
