

2125 Post Oak Tritt Rd. Marietta, GA Phone: 770.977.9090 Fax: 770.977.9058

Consent Form



**DENNY FAMILY
DENTISTRY**

CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS.

I hereby acknowledge receipt of a written notice of my privacy rights and consent to Denny Family Dentistry, LLC, Wesley E Denny using and disclosing my protected health information to carry out treatment, payment or health care operations.

I understand and have been provided with a Notice of Privacy Practices, which provides a more complete description of how protected health information may be used or disclosed. I understand that I have the right to review the notice prior to signing this consent.

I understand that Denny Family Dentistry, LLC reserves the right to change their notice and information practices and that I may obtain a copy of the revised notice by written request to Wesley E Denny c/o Denny Family Dentistry, LLC, 2125 Post Oak Tritt Rd, Marietta GA 30062.

I understand that I have the right to restrict how Denny Family Dentistry, LLC uses or discloses my protected health information to carry out treatment, payment, or health care operations; that Denny Family Dentistry, LLC is not required to agree to the restrictions and; that Denny Family Dentistry, LLC, is bound by restrictions to which it agrees.

I request the following restrictions to how my health information is used or disclosed:

I have the right to revoke this consent by notifying Denny Family Dentistry, LLC in writing, except to the extent that Denny Family Dentistry, LLC has taken action in reliance on my consent.

Patient's Name

Signature of Patient/Patient's Representative

Date

Printed Name of Patient/ Patient's Representative

Relationship to Patient or Representative's
Authority to Act for the Patients.