



Privacy Consent

Your protected health information, (i.e., individually identifiable information such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers and demographic data), may be used in connection with your treatment, payment of your account or health care operations, (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our notice of privacy policy prior to signing the consent. You have the right to request restrictions on the use of your protected health information.

You may revoke this consent at any time in writing. However, such revocation will not be retro-actively effective and will only apply to actions taken after such time the consent is revoked.

Thank you for your cooperation. Please let us know if you have any questions.

I, the undersigned, do hereby attest that I have afforded the opportunity to review the Clayton Kids Dentistry notice of privacy policy.

Signature of Patient/Parent (if minor): _____

Print Name of Patient/Parent: _____

Date: _____

Patient's Name: _____