PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Gregg A. Helvey, D.D.S.

With my consent, Dr. Helvey may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dr. Helvey's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to revise the notice of Privacy Practices prior to signing the consent. Dr. Helvey reserves the right to revise his Notice of Privacy Practices may be obtained by forwarding a written request to Dr. Helvey.

With my consent, Dr. Helvey may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Dr. Helvey may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as patient statements as long as they are marked Personal and Confidential, and appointment reminder cards.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Dr. Helvey's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to extent that the practice had already made disclosures in reliance upon my prior consent. If I do not sign this consent, Dr. Helvey may decline to provide treatment to me.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

_____

(Signature)

_____

(Date)