

LOVE TO SMILE DENTISTRY
10925 Antioch Rd, Suite 201, Overland Park, KS 66210 P: 913-491-1200

**Patient Consent for Use and Disclosure
of Protected Health Information**

I hereby give my consent for Love to Smile Dentistry to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by Love to Smile Dentistry describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Love to Smile Dentistry reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Love to Smile Dentistry at 10925 Antioch Road, Suite 201; Overland Park, KS 66210.

_____ With this consent, Love to Smile Dentistry may call my home or other alternative 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 calls pertaining to my clinical care, including laboratory test results, among others.

_____ With this consent, Love to Smile Dentistry may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

_____ With this consent, Love to Smile Dentistry may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Love to Smile Dentistry restrict how it uses or discloses my PHI to carry out TPO. 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 allow Love to Smile Dentistry to use and disclose my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Love to Smile Dentistry may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable