



Dr. Amy Nabi DDS PC
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(805) 379-5222

**Patient Consent For Use and Disclosure
Of Protected Health Information**

I _____ hereby give my consent for Dr. Amy's Dental 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 Dr. Amy's Dental Office describes such uses and disclosures more completely.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Dr. Amy's Dental reserves the right to revise its Notice of Privacy Practices at any time. A revised form may be obtained by forwarding a written request to Dr. Amy's Dental Office Atten: Dr. Amy Nabi 555 Marin St. Suite 190 Thousand Oaks, CA 91360.

With this consent, Dr. Amy's Dental may call my home or alternative location and leave a message on my voicemail 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, Dr. Amy's Dental may mail my home or other alternative location any time that assist the practice in carrying out TPO, such as appointment reminders cards and patient statements. I have the right to request that Dr. Amy's Dental restricts how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my request restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Dr. Amy's Dental Office to use and disclose my PHI to carry out my 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, Dr. Amy's Dental may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Patient Name (please print)

Date