

Black Creek Dental, LLC
Black Creek, WI

PATIENT ACKNOWLEDGEMENT OF PRIVACY NOTICE

Privacy Practices Notice: You have the right to read our Privacy Practice Notice before you decide whether to sign this consent. Our notice provides a description of our treatment, payment activities, and health care operations, of the uses and disclosures we may make of your protected health information, and of other important matters about our protected health information. A copy of our Notice accompanies this consent. We encourage you to read it carefully and completely before signing this consent.

EFFECT OF DECLINING CONSENT: This consent is a condition of your treatment by us. If you decide not to sign this consent we may decline to treat you.

I, _____, have had full opportunity to read and consider the contents of this consent. I understand that, by signing this form, I am confirming my written permission for the disclosure of my protected health information, as described in this form.

Signature: _____ Date: _____

If this consent is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

Names of all family members (excluding spouse), covered by this agreement:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

We may use professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person acting on your behalf to pick up filled prescriptions, medical supplies, X-rays, our other similar forms of protected health information.

To Your Family and Friends and Persons Involved in Your Care: Under Wisconsin Law, we must have your written permission before we may disclose your health information, other than limited identifying information, to your family, friends or other persons involved in your case.

Person (s) with whom this information may be shared _____