

**FREEMAN DOSTER, DDS CROSS DOSTER, DDS**

**CONSENT FOR USE AND DISCLOSURE OF  
HEALTH INFORMATION**

**PURPOSE OF CONSENT:**

BY SIGNING THIS FORM, YOU WILL CONSENT TO OUR USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT ACTIVITIES, AND HEALTHCARE OPERATIONS.

**NOTICE OF PRIVACY PRACTICES:**

YOU HAVE THE RIGHT TO READ OUR NOTICE OF PRIVACY PRACTICES BEFORE YOU DECIDE WHETHER TO SIGN THIS CONSENT. OUR NOTICE PROVIDES A DESCRIPTION OF OUR TREATMENT, PAYMENT ACTIVITIES, AND OTHER IMPORTANT MATTERS ABOUT YOUR PROTECTED HEALTH INFORMATION. WE ENCOURAGE YOU TO READ IT CAREFULLY AND COMPLETELY BEFORE SIGNING THIS CONSENT. WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES. IF WE CHANGE OUR PRIVACY PRACTICES, WE WILL ISSUE A REVISED NOTICE CONTAINING THE CHANGES.

YOU MAY OBTAIN A COPY OF OUR NOTICE OF PRIVACY PRACTICES AT ANY TIME BY CONTACTING

**CONTACT PERSON: LYNN GUAGNINI**

**TELEPHONE: (423) 265-8839**

**ADDRESS: 1001 CARTER STREET, SUITE H, CHATTANOOGA, TN 37402**

**RIGHT TO REVOKE:**

YOU WILL HAVE THE RIGHT TO REVOKE THIS CONSENT AT ANY TIME BY GIVING US WRITTEN NOTICE OF YOUR REVOCATION SUBMITTED TO THE CONTACT PERSON LISTED ABOVE.

I UNDERSTAND THAT BY SIGNING THIS CONSENT FORM, I AM GIVING MY CONSENT TO YOUR USE AND DISCLOSURE OF MY PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

IF A PERSONAL REPRESENTATIVE ON BEHALF OF THE PATIENT SIGNS THIS CONSENT, COMPLETE THE FOLLOWING REPRESENTATIVE'S NAME: \_\_\_\_\_ Relationship \_\_\_\_\_

**REVOCAION OF CONSENT**

I REVOKE MY CONSENT FOR YOUR USE AND DISCLOSURE OF MY PROTECTED HEALTH INFORMATION. I UNDERSTAND THAT REVOCATION OF MY CONSENT WILL NOT AFFECT ANY ACTION YOU TOOK IN RELIANCE ON MY CONSENT BEFORE YOU RECEIVED THIS WRITTEN NOTICE OF REVOCATION. I ALSO UNDERSTAND THAT YOU MAY DECLINE TO TREAT OR TO CONTINUE TO TREAT ME AFTER I HAVE REVOKED MY CONSENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*You may refuse to sign this Acknowledgement\***

I HAVE BEEN OFFERED A COPY OF THIS OFFICE'S  
NOTICE OF PRIVACY PRACTICES.

**INITIAL** \_\_\_\_\_

**FOR OFFICE USE ONLY**

WE ATTEMPTED TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES, BUT ACKNOWLEDGEMENT COULD NOT BE OBTAINED BECAUSE:

- INDIVIDUAL REFUSED TO SIGN
- COMMUNICATION BARRIERS PROHIBITED OBTAINING THE ACKNOWLEDGEMENT
- AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGEMENT
- OTHER (PLEASE SPECIFY)  
OFFICE STAFF SIGNATURE \_\_\_\_\_

UPDATED 9/23/2013