

Regency Dental of Stuart
2474 S. Federal Highway, Stuart, FL 34994
(772) 220-7555

Patient Consent for Use and Disclosure of Protected Health Information
Required by U.S. Government Privacy Legislation

With my consent, Regency Dental Center of Stuart, Florida may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to our Notice of Privacy Practices located in the waiting room for a more complete description of such uses and disclosures. The practice has encouraged me to read the Privacy Notice prior to signing this consent.

Regency Dental Center of Stuart, Florida reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Regency Dental Center at 2474 S. Federal Highway, Stuart, FL 34994.

With my consent, Regency Dental Center of Stuart, FL 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.

With my consent, Regency Dental Center of Stuart, FL may mail to my home or other designated 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 Regency Dental Center of Stuart, FL restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement

I understand this Consent is valid for six years. I further understand that I may revoke this consent at any time in writing, except to the extent that the practice has already taken action in reliance on the Consent. I understand if I revoke this consent at any time, the practice has the right to refuse treatment.

I understand that if I do not sign this consent, Regency Dental Center of Stuart, FL may decline to provide treatment to me. I have read and understand the foregoing Consent, and all of my questions have been answered to my full satisfaction in a way that I can understand.

Signature of Patient or Legal Guardian: _____

Date: _____

Print Name of Patient or Legal Guardian

Representative

(Person authorized by you in your absence to receive TPO information)