



Please read and initial next to each line item for consent or denial for the following:

_____ I hereby acknowledge that Notice of Privacy Practices has been made available to me. I have been given the opportunity to review the Notice of Privacy Practices as well as the Addendum to Notice of Privacy Practices prior to signing this acknowledgment and consent.

_____ I hereby give my permission for Guilford Hills Dental Care to use of my personal health information (dental records including photographs made in the process of examinations, treatment, and retention) for purposes of professional consultation, research, education, payment activities, or publication in professional journals.

_____ I hereby give my consent to have my dental treatment provided by Guilford Hills Dental Care. I understand I will be given the opportunity to have all my questions answered prior to treatment.

_____ I understand that Guilford Hills Dental Care routinely mails recall postcards and may leave or send messages on an answering machine, voicemail, email and/or text message or with another family member regarding my appointments.

By signing below I acknowledge that I have read and understand the above information.

Patient's Name

Signature of patient, legal guardian,
or authorized representative

Date