



Legacy Periodontics & Implant Center

555 W Wheatland Road, Duncanville TX, 75116

Consent for use and disclosure of Health Information (HIPPA)

Purpose of Consent: by signing this form, you are allowing our office /disclose your protected health information for insurance reasons only(payment, treatment predetermination, etc.)

Notice of Privacy Practice: you have the right to read/obtain a copy of our Notice of Privacy Practices before you decide to sign the consent. The notice provides description of our operation and disclosures we may make of you protected health information, and of other important matters about your protected health information. We encourage you to read it carefully and completely before signing this consent.

Right to Revoke: you will have the right to revoke this consent at anytime by signing the Revocation of Consent at the bottom of this pate. Please understand the revocation of this consent will not affect any action we took prior to revocation and that we may decline to treat you or continue treatment if you revoke this consent.

You may at anytime, obtain a copy of our Notice of Privacy Practices by contacting:

Fort Worth Periodontal Specialists
3509 Hulen Street Suite 205
Fort Worth, Texas 76107

I, _____ have been given full opportunity to read and consider the consent of this consent form and your Notice of Privacy Practices. I understand that , by signing this consent form, I am giving you my consent for your use and disclosure of my protected health information to carry our treatment, payment and health care operations only.

Signature_____ Date_____

☐ By checking this box you are allowing our office to disclose your dental information to a certain individual other than you. Please place name of that person and their relationship to you. It may be more then one person. This will be the only other person/persons our office will communicate with.

Name_____ Relationship_____

Name_____ Relationship_____

☐ By Checking the box you are allowing our office to contact you by our automated home phone,text messaging, or email appointment reminder system. Please let us know which you would perfer and which phone would be best to call or text. Please provide best email address. Standard text messaging rates will apply.

☐ Home

☐ Text

☐ Email