

AllSmiles Dental Care PLLC

1043 Oaklawn Drive, Culpeper, VA 22701
540-829-9922

Patient Consent/Acknowledgement Form

By signing below, you consent to the use and disclosure of your protected health information by Olan D. Parr, Jr., DDS, our staff, and our business associates for treatment, payment and health care operations. If you desire more information about our uses and disclosures for these purposes, you may review our Notice of Information Practices. You have the right to request that we restrict our uses or disclosures of your protected health information which we are otherwise permitted to make for treatment, payment and health care operations, although we are not required to agree to these restrictions. If we do agree to these restrictions, they are binding on us. You may refuse to consent to the use or disclosure of your protected health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Protected Health Information.

Your signature below also gives your acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

I have reviewed, understand and agree to the content of the Notice of Privacy.

Name _____ Date ____/____/____

Please specify the exact reason why patient chose not to sign the consent/acknowledgment form.
