



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

With my consent, Thomas B. Braun D.D.S., M.S., P.C. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Thomas B. Braun D.D.S., M.S., P.C.'s Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Thomas B. Braun D.D.S., M.S., P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dorothy Topolski, Privacy Officer at 2312 Plainfield Road, Crest Hill, Illinois 60435

With my consent, Thomas B. Braun D.D.S., M.S., P.C. 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, including laboratory results among others.

With my consent, Thomas B. Braun D.D.S., M.S., P.C. 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 Thomas B. Braun D.D.S., M.S., P.C. 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.

By signing this form, I am consenting to Thomas B. Braun D.D.S., M.S., P.C.'s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Thomas B. Braun D.D.S., M.S., P.C. may decline to provide treatment to me.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received the Thomas B. Braun D.D.S., M.S., P.C. Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

Print Name of Patient or Legal Guardian

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policy 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)

