

***Patient Consent for Use and Disclosure of
Protected Health Information
Oxford Dental Care office of Sid Pazokian, DDS***

I hereby give my consent for the Oxford Dental Care to use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO).

Our complete HIPAA Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to the signing this consent. Oxford Dental Care reserves the right to revise the HIPAA Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

**Oxford Dental Care
Attn: Privacy Officer
1419 College Street, Suite B
Oxford, NC. 27565**

With this consent, Oxford Dental Care may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are addressed directly to me.

I have the right to request that Oxford Dental Care restrict how to use or disclose 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 Oxford Dental Care for the 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, or later revoke it, the office of Oxford Dental Care may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patients Name

Date