



# DENTAL DESIGN

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## **Patient Consent for Use And Disclosure of Protected Health Information**

With my consent, Dental Design may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Dental Design'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. Dental Design reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dental Design, Privacy Officer at 1151 N. Arlington Heights Road, Buffalo Grove, Illinois 60089.

With my consent, Dental Design 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, Dental Design may mail to my home or other designated location or email me any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

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*Patient/Guardian Signature*

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*Date*