



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

I hereby give my consent for Montana Dental Works (3 Sunset Plaza, Kalispell, MT.) to use and disclose protected health information about me to carry out dental treatment and payment. The Notice of Privacy Practices provided by Montana Dental Works describes such uses and disclosures more completely. I have the right to review the Notice of Privacy Practices prior to signing this consent. Montana Dental Works reserves the right to revise its Notice of Privacy Practices at any time.

With this consent, Montana Dental Works may call my home, cell or other alternative location and leave a message on my voicemail or in person in reference to any items that assist the practice in carrying out duties such as appointment reminders, insurance, and any calls pertaining to my dental care.

I may revoke my consent in writing except to the extent that the practice has already made disclosure in reliance to my prior consent.

Patient Name: \_\_\_\_\_

Patient Signature (or guardian): \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Information**

I authorize the release of information including the diagnosis, records, examination results, medications, billing and claims information.

This information may be released to: \_\_\_\_\_



## **Identity Theft Detection and Response Policy and Procedures**

This office has adopted an Identity Theft Detection and Response Policy and Procedures Program pursuant to the Federal Trade Commission's Red Flag Rules. The purpose of the program is to assist in detecting, preventing, and mitigating instances of possible identity theft in connection with patients in our practice. It does so by (a) requiring us to verify the identity of all new patients, (b) establishing certain "red flags" that could indicate possible identity theft and (c) requiring follow up on any incident that triggers a "red flag". All employees of this practice including the professional, administrative, and clerical staff must observe this program.