

***Patient Consent for Use and Disclosure of
Protected Health Information***

***For Butner Creedmoor Family Dentistry
Sean Angela Meltzer, DMD***

I hereby give my consent for Butner Creedmoor Family Dentistry 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. Dr. Sean Angela Meltzer, 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:

**Butner Creedmoor Family Dentistry
Attn: Privacy Officer
2552 Capitol Drive, Suite 101
Creedmoor, NC. 27522**

With this consent, Dr. Sean Angela Meltzer 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 marked Personal and Confidential.

I have the right to request that Dr. Sean Angela Meltzer 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 to Dr. Sean Angela Meltzer 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, Butner Creedmoor Family Dentistry may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patients Name

Date