BELLEVUE · COMMONS
ENDODONTICS
Dean Burnett, DDS, MS, PS
425-641-3300

CONSENT / AUTHORIZATION FOR RELEASE OF IDENTIFYING HEALTH INFORMATION:

I hereby give consent to Bellevue Commons Endodontics, and all healthcare providers furnishing care at Bellevue Commons Endodontics, to use and disclose my protected health information for the purpose of treatment, payment and healthcare operations.

You may cancel this consent at any time. Your cancellation must be in writing, signed by you or on your behalf by your representative, and delivered to the address at the bottom of this form. This may be delivered in person or by mail, but it will only be effective when we actually receive it. Your cancellation will not be effective to the extent that we or others have acted in reliance upon this consent.

You have the right to request restriction on the usage and disclosure of your protected health information for the purpose of treatment, payment, or healthcare operations. We are not required to grant your request; however, if we do, the restriction will be obligatory to us.

Our posted privacy policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our posted privacy policy before you sign this consent.

We reserve the right to amend the terms of our posted privacy policy. You may obtain a copy of the current policy by asking our Front Office Coordinator for a copy.

PRINT NAME OF PATIENT _____

SIGNATURE_____ **DATE**_____

If you are signing as the patient's representative:

PRINT YOUR NAME _____ **RELATIONSHIP**_____

ONLY FILL IN THE PART BELOW IF YOU WOULD LIKE TO CANCEL

Cancellation - I hereby void the consent given above:

Print name of patient_____ Signature _____

If you are signing as the patient's representative:

Print name of representative _____ Signature_____

Cancellation will be effective upon receipt: Bellevue Commons Endodontics, 1200-112th Ave. NE, Ste. C-245, Bellevue, WA 98004