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Family and Cosmetic Dentistry

Consent for use of Disclosure of Health Information

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will respect the privacy of your health information. There are several circumstances in which we may have to use or disclose your health care information by US mail or email.

- We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your service.
- We may need to use your personal information such as address, phone or email to remind you of your appointments, send treatment plans and other correspondence necessary for your dental and financial needs.

I understand that all email communications in which I engage may be forwarded to other providers for purposes of providing treatment to me. This may include but not be limited to sending your x-rays and/or minimal personal information to other providers via email. We strive to keep all patient information secure but unfortunately there is no assurance of confidentiality of information when communicating this way.

I have read your consent policy and agree to its terms.

Patient Name: _____ DOB: _____

Patient or Responsible Party Signature: _____