



Burns Dental Care

BURNS DENTAL CARE 8600 NW 64th Street Parkville, MO 64152

ASSIGNMENT AND RELEASE

I authorize the release of any dental/medical or other information necessary to process my claims. I also authorize payment of dental/medical benefits to Burns Dental Care for services rendered. I further understand that I am **financially responsible for all charges whether they are or are not paid by my insurance.** I authorize the use of this signature on all my insurance submissions.

Signature: _____ Date: _____

PRIVACY POLICY NOTICE

I acknowledge that I have been given a copy of Burns Dental Care's privacy policy.

Signature: _____ Date: _____

CONSENT/AUTHORIZATION FOR USE and DISCLOSURE OF HEALTH INFORMATION

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. We encourage you to read it carefully. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices, if so we will issue a revised notice.

Signature: _____ Date: _____

I give Burns Dental Care authorization to give dental findings and discuss my dental problems with the following person(s) _____.

Signature: _____ Date: _____

RIGHT TO REVOKE

You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Officer. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

MINOR TREATMENT AUTHORIZATION

I give Burns Dental Care authorization to treat my child. I further authorize the following person(s) to seek treatment from Burns Dental Care for my child _____.

Signature: _____ Date: _____

Relationship to patient: _____

Personal Representative's name: _____

You are entitled to a copy of this consent after you sign it