

Cayo Dental Care, LLC
4079 North St. Peters Parkway
St. Peters, MO 63304
(636) 928-9693

DISCLAIMER / HIPAA PRIVACY PRACTICES

I understand that the information I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest of confidence. It is my responsibility to inform this office of any changes in my personal or medical information. I authorize the dental team to perform any necessary dental services that I may need during diagnosis and treatment, and to include payment activities with my informed consent.

I understand that Cayo Dental Care, LLC, abides by the HIPAA Law (Health Insurance Portability and Accountability Act) and will protect the privacy of my personal information.

Print Name _____

Signature _____ Date _____

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____ *Date:* _____

Relationship to Patient: _____

To disclose private information to persons other than the patient:

I give permission to Cayo Dental Care, LLC to discuss my patient and account information with the following:

Name _____

Name _____

Name _____

Patient's Signature _____ Date _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.