



[www.periodontalhealthassociates.com](http://www.periodontalhealthassociates.com)

525 Leesville Road • Lynchburg, VA 24502 • Phone: 434-455-2444 • Fax: 434-237-2050  
contact@periohealthassoc.com

## CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I consent to the disclosure of health and personal information regarding treatment to my insurance company, family dentist, medical physician, and other necessary dental or medical specialists deemed necessary by the doctors and staff of Periodontal Health Associates.

Further, I consent to the disclosure of health and personal information regarding treatment to the following individuals:

Name:

Relationship to Patient:

_____	_____
_____	_____
_____	_____
_____	_____

I may request a copy of the Notice of Privacy Practices at any time. Also, I may revoke this consent at any time by giving written notice.

\_\_\_\_\_  
Patient Name – Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

I do not consent to the disclosure of health and personal information for any reason to any individual. I accept that I am therefore responsible for filing my own insurance and all correspondence between other treating dentists and physicians.

I may request a copy of the Notice of Privacy Practices at any time.

\_\_\_\_\_  
Patient Name – Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature