Kimberly C. Andersen, DDS
6704 Sterling Ridge Drive, Suite G
The Woodlands, TX 77382
Telephone: 281-298-0999

Consent 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 also acknowledge that you have received a copy of this office's Notice of Privacy Practices.

Patient Giving Consent

Name_____ Address_____

Telephone_____

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 Person listed below. 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.

Contact: Mary Lou Hanratty Office Phone: 281-298-0999

I have had full opportunity to read and consider the contents of this form. I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

Signature_____ Date_____

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

Personal Representative's Name_____

Relationship to Patient_____