

Gordon Engstrand Family Dentistry, LLC
2000 South Plymouth Road
Suite 357
Minnetonka MN 55305
(952) 544-1449

PRIVACY CONSENT

This form is optional under the new patient privacy regulations recently issued by the United States Department of Human Services. We have elected to use the form. Prior to commencing your dental treatment, you should review, sign, and date this form.

Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, home addresses, social security numbers, and demographic data) may be used in connection with your treatment, payment of your account or health care operations (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this consent.

You have the right to request restrictions on the use of your protected health information. However, we are not required to, and may not, honor your request.

We may amend the privacy policy at this time. If we do, we will provide you with a copy of the changes.

You may revoke the Consent at any time in writing. However, such revocation will not be effective to the extent that any action has been taken in reliance on the Consent.

Thank you for your cooperation. Please let us know if you have any questions.

Patient's Name

Signature of Patient or Guardian

Date