

Wisconsin Consent

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Purpose: This form is to obtain an individual's written permission under Wisconsin law for (a) our use of the individual's dental care records to carry out treatment, payment activities, and health care operation, and (b) our disclosure of the individual's dental care records to carry out treatment, payment activities, and health care operations.

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**Individual giving consent**

**Name:** \_\_\_\_\_

**Patient Name: (if different than above)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Effect of Declining Consent: This consent is a condition of your treatment by us. If you decide not to sign this consent, we may decline to treat you.

Privacy Practices Notice: You have the right to read our Privacy Practices Notice before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities, and health care operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our dental office's Notice of Privacy Practices accompanies this consent. We encourage you to read it carefully and completely before signing this consent.

By signing this form, you will consent to our use of your dental care records, to carry out treatment, payment activities, and health care operations as set forth in our Privacy Practices Notice.

We may use professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person acting on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information.

**I, \_\_\_\_\_, have had full opportunity to read and consider the contents of this consent. I understand that by signing this form, I am confirming my written permission for the disclosure of my protected health information.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If this consent is signed by a personal representative/parent on behalf of the individual, complete the following:**

**Personal Representative's/Parent Name:** \_\_\_\_\_

**Relationship to Individual:** \_\_\_\_\_

**Acknowledgement of Receipt of Privacy Notice**

**I, \_\_\_\_\_, acknowledge that I have received a Notice of Privacy Practices.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personal Representative's Name:** \_\_\_\_\_

**Relationship to Individual:** \_\_\_\_\_