PATIENT INFORMATION DATE_____

□Mr. □Mrs. □Ms. □Dr.
First Name _____MI _____ Last Name _____ Nickname _____

Sex □Male □Female Birthdate _____ Age _____ Social Security No. _____

Street _____City_____State _____ Zip_____

Phone Home _____Cell _____Email _____

Have you or a family member ever been a patient of our practice? □Yes □No

Dentist _____ Physician_____

Referred by _____ Preferred Hospital: □Cleveland Clinic □University Hospitals

Preferred Pharmacy: Name _____ Street _____
City _____ State _____ Zip _____ Phone _____

Employment: □ Full-Time □ Part-Time □ Retired Employer _____ Bus Phone _____
Marital Status: □ Married □ Single □ Divorced

Who is responsible for your account? □ Self □ Spouse □ Father □ Mother □ Other _____

PRIMARY GUANRANTOR'S INFORMATION

Name_____ SSN _____
Street _____ City_____ State _____ Zip _____
Birthdate _____ Cell Phone _____ Email _____
Employer _____ Employer Phone _____
Employer Address _____ City _____ State _____ Zip _____

Primary Dental Insurance Co.
Name _____
Address _____
_____Phone_____
Policy ID No. _____
Group No. & Name _____

Primary Medical Insurance Co.
Name _____
Address _____
_____Phone _____
Policy ID No. _____
Group No. & Name _____

SECONDARY GUANRANTOR'S INFORMATION

Name_____ SSN _____
Street _____ City_____ State _____ Zip _____
Birthdate _____ Cell Phone _____ Email _____
Employer _____ Employer Phone _____
Employer Address _____ City _____ State _____ Zip _____

Secondary Dental Insurance Co.
Name _____
Address _____
_____Phone_____
Policy ID No. _____
Group No. & Name _____

Secondary Medical Insurance Co.
Name _____
Address _____
_____Phone _____
Policy ID No. _____
Group No. & Name _____

CONSENT FOR USE / DISCLOSURE OF HEALTH INFORMATION

Notice to Patient:

By signing this form, you grant us consent to use and disclose your protected health care information for the purposes of **treatment**, various activities associated with **payment** and **health care operations**. Our **Notice of Privacy Practices** provides more details on our treatment, payment activities and health care operations. If there is not a copy of the Notice accompanying this Consent form, please ask for one. We encourage you to read it since it provides details on how information about you may be used and/or disclosed and describes certain rights you have regarding your health care information.

As stated in our **Notice of Privacy Practices**, we reserve the right to change our privacy practices. If we should do so, we will issue a revised Notice. Since revisions may apply to your health care information, you have a right to receive a copy by contacting our Privacy Officer.

You have the right to **revoke** your Consent by giving written notice to our Privacy Officer. The revocation will not affect actions that were already taken in reliance upon this Consent. You should also understand that if you revoke this Consent, we may decline to treat you.

Please be advised that this signature on file is your authorization for the release of information necessary to process your claim. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance company. You will be responsible for all collection costs, attorneys' fees and court costs.

You are entitled to a copy of this **Consent Form** after you have signed it.

(To Be Completed by Patient or Patient's Representative)

I, _____, have read the contents of this Consent Form and the Notice of Privacy Practices. I understand that I am giving my consent to use and disclose my health care information to carry out treatment, payment activities and health care operations. I hereby authorize payment to Dr. William W. Francis of the benefits otherwise payable to me.

_____ _____

Patient's (or Representative's) Signature Date

_____ _____

Printed Name of Patient's Representative Relationship To Patient

Our Privacy Officer is Dr. William W. Francis and he can be contacted at:

27500 Detroit Road, Suite 104
Westlake, OH 44145
(440) 892-8655

This form does not constitute legal advice and covers only federal, not state, laws.