GREGORY S. TEHLE, DDS

Affordable world-class dental care

PATIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting the Doctor or staff.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I understand that photographs, videotapes, digital or other images may be recorded to document my care and I consent to this. I understand that Gregory S Tehle will retain the ownership rights to these photographs, videotapes, digital or other images but that I will be allowed access to view them and obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law as outlines in Gregory S Tehle, DDS policy. Images that identify me will be released and/or used outside the office only upon written authorization from my legal representative or me.

Patient Signature/Date

Please list anyone you authorize release of your medical information to

312 West Main Street, Barington, IL 60010 Tel: 847.381.5958