



PETITTO
FAMILY DENTAL

Consent For Use and Disclosure of Health Information

Section A: Patient Giving Consent

Name: _____ Social Security Number: _____

Section B: To The Patient – Please Read the Following Statements Carefully.

Purpose of Consent: By Signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and health care operations

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

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notices of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: Dianna Manual
Phone: 985-345-9139
Email: Info@PetittoFamilyDental.com
Address: 206 Market Street, Hammond, LA 70401

Agreement as To Resolution of Concerns: I understand that I am entering into a contractual relationship with Doctor Petitto and/or any of his associates for professional care. I further understand that meritless and frivolous claims for medical/dental malpractice have an adverse effect upon the cost and availability of healthcare, and may result irreparable harm to a healthcare provider. As additional consideration for professional care for professional care provided to me by Doctor Petitto or any of his associates, I the patient/guardian and or my representative agree to not advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical/dental malpractice against Dr. Petitto and/or any of his associates.

Furthermore, should a meritorious medical/dental malpractice case or cause of action be initiated or pursued, I (the patient) and/or my representative agree to use expert witness (es) who practice primarily in the same specialty as Doctor Petitto and/or any of his associates. Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and/or code of conduct defined for expert witness by the American Dental Association

In further consideration for this, Doctor Petitto and/or any of his associates agrees to the same stipulation

Mutual Agreement to Maintain Privacy: Dr. Phillip A. Petitto (Associates, Hygienist, and Staff – collectively labeled “We and “Dentist”) agree to provide treatment to “Patient.” We take pride in being able to extend a greater degree of privacy than is required by law.

Federal and State privacy laws are complex. Unfortunately, some dental offices try to find loopholes around these laws. For example, dentists are forbidden by law from receiving money for selling lists of patients or medical information to companies to market their products or services directly to patients without authorization. Some dental practices, though, can lawfully circumvent this limitation by having a third party perform the marketing. While personal data is never technically in the possession of the company selling its products or services, the patient can still be targeted with unwanted marketing information. We believe this is improper and may not be in the patient’s best interest. Accordingly, we agree not to provide medical/dental information for the purpose of marketing directly to the patient. Regardless of legal privacy loopholes, we will never attempt to leverage its relationship with Patient seeking Patient’s consent for marketing products for others.



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We want your feedback. If our office gets it right, tell us. If we could do something better, tell us. We take quality improvement seriously. While there are scores of "rating sites" in cyberspace, many fail to provide useful information. Let's get it done right. We can make recommendations as to which sites follow minimum standards for fairness and balance. Just ask us.

We have invested significant financial and marketing resources in developing our practice(s). Nothing in this Agreement prevents a patient from posting commentary about the Dentist - his practice, expertise, and/or treatment - on web pages, blogs, and/or mass correspondence. In consideration for treatment and the above noted patient protection, if Patient prepares such commentary for publication about Dentist, the Patient exclusively assigns all Intellectual Property rights, including copyrights, to Dentist for any written, pictorial, and/or electronic commentary. This assignment shall be operative and effective at the time of creation (prior to publication) of the commentary

This agreement shall be in force and enforceable for a period of five years from Dentist's last date of service to Patient. As a matter of office policy, Dentist is requiring all patients in its practice sign the mutual agreement so as to establish that any anonymous or pseudonymous publishing or airing of commentary will be covered by this agreement for all Dentist's patients. Further, this Agreement will survive for minimum of three years beyond any termination of the Dentist-Patient relationship.

Patient and Dentist acknowledge that breach of this agreement may result in serious, irreparable harm. Patient and Dentist agree to the right of equitable relief (including but not limited to injunctive relief). Should a breach of this Agreement result in litigation, the prevailing party in the litigation shall be entitled to reasonable costs, expenses, and attorney fees associated with the litigation. Patient has been given the opportunity to ask questions and receive satisfactory and adequate explanations.

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 above. Please understand that revocation of this Consent will not effect 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.

Signature

I, _____, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent 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: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.