Amy M. Killeen, D.M.D.
29 A West Pennsylvania Avenue
Walkersville, Maryland 21793
301-898-5778

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 healthcare operations.

Your health information will be used for treatment, payment, and health care operations.

Treatment – Information obtained by your health practitioner in this office will be recorded in your medical/dental record and used to determine the course of treatment that should work best for you. This consists of your health care provider recording his/her own expectations and those of others involved in providing you care. The sharing of your health information may progress to others involved in your care, such as specialty providers or lab technicians.

Payment – Your health care information will be used in order to receive payment for services rendered by this office. A bill may be sent to either you or a third party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

Health Care Operations – The medical/dental staff in this office will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

Patient Signature_____

_____ **Effective Date**