ReGenesis Health Care
Family Dentistry

GENERAL CONSENT TO TREAT/
PATIENT AUTHORIZATION/ACKNOWLEDEMENT FO BENEFITS RELEASE

The following are the conditions for services provided by ReGenesis Health Care for the patient whose name appears at the bottom of this page.

CONSENT FOR DENTAL TREATMENT
I voluntarily consent to dental treatment and diagnostic procedures provided by ReGenesis Health Care Family Dentistry and its associated dentists and other personnel. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantee has been made to the result of treatments and examinations.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
ReGenesis Health Care Family Dentistry is authorized to release any medical information required in the processing of applications or submission of information for financial coverage and further medical treatment.
I also agree to the release of medical or other information about me to government federal or state regulatory agencies as required by law.

ASSIGNMENT OF INSURANCE BENEFITS
I guarantee payment of all charge made for or on account of the patient and I assign my rights in any insurance benefits or other funding to ReGenesis Health Care Family Dentistry. I understand that I am responsible for any charges not covered by insurance or other forms of benefits.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
I have received or read a copy of the Notice of Privacy Practices. The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. The Notice of Privacy Practices may be accessed at *www.myrhc.org*.

_____ _____
Signature of Patient, Guardian or Legal Representative *Date*
If signed by other than patient, relationship to patient: _____

Witness (Personnel): _____ _____
Date

*** This organization is required to maintain the privacy and confidentiality of your health information and provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.**