

PLEASE READ

*****H.I.P.A.A.*****

****SIGNATURES ARE REQUIRED AT THE END OF EACH SECTION****

**PATIENT CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

I hereby give my consent for **BOBBY T. SHIRLEY, DMD** and **ROBERT CLAY CANNON, DMD** to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **BOBBY T. SHIRLEY, DMD AND ROBERT CLAY CANNON, DMD MAY DECLINE TO PROVIDE TREATMENT TO ME.**

I have the opportunity to review the NOTICE OF PRIVACY PRACTICES prominently displayed in the lobby of this practice. I also understand a copy of this document will be provided to me at my request.

x _____

**TREATMENT CONSENT, FINANCIAL INFORMATION, RELEASE OF INFORMATION
CONSENT**

I authorize my dentist and his clinical team to administer treatment as he may deem advisable for my diagnosis and treatment which may include any necessary x-rays, photos, or study models. I understand that payment is due at the time of service unless prior arrangements have been made.

I understand that I may be charged a 1.5% per month or 18% per year finance charge if my account balance goes beyond 90 days.

PATIENTS WITH INSURANCE BENEFITS:

I hereby request any insurance benefits on my behalf, to be paid to **BOBBY T. SHIRLEY, DMD. AND ROBERT CLAY CANNON, DMD.** I also authorize the release of any information acquired in the course of my treatment to my insurance company, as needed, to issue benefits. I understand that my insurance is a contract between myself and the insurance company. I also understand that I am responsible for my balance regardless of my insurance benefits.

x _____

AUTHORIZATION TO RELEASE INFORMATION TO PRIVATE PARTY

I hereby give, **BOBBY T. SHIRLEY, DMD AND ROBERT CLAY CANNON, DMD** my permission to disclose my personal medical information to the following individuals:

- | | |
|-----------------|----------------------|
| 1. _____ (Name) | _____ (Relationship) |
| 2. _____ (Name) | _____ (Relationship) |
| 3. _____ (Name) | _____ (Relationship) |