PATIENT AGREEMENT AND RELEASE

I _____ (*Parent's Name if minor)* understand that all fees are due at the time of service. I agree to allow Dr. Andrews to file insurance claims on my behalf and I will pay all patient portions and co-pays estimated by his staff. I also understand anything not paid by my insurance is due in full upon notice from Dr. Andrews or my insurance carrier. I agree to allow my insurance carrier to pay Dr. Andrews directly and not to me. If I fail to comply and my account goes to collection, I agree to pay all legal and court costs involved.

Patient Signature (Parent, if child) _____ Date _____

NOTICE OF PRIVACY PRACTICES

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I have received and reviewed privacy practices from Dr. David K. Andrews, DDS, PLLC, explaining how my health information is used and disclosed. I understand that Dr. Andrews may change his privacy practices without notice, at any time, and a copy will be made available to me at my request. Such copies will also be posted in Dr. Andrews' office and on his website.

I understand that I may request in writing that you allow "minimum necessary" restrictions on my health information, *(in order to carry out treatment)* payment or healthcare operations. I also understand that my request has to be within reason.

Patient Signature (Parent, if child) _____ Date _____

CONSENT

I, undersigned, hereby authorize Dr. Andrews to perform any and all forms of treatment, medication and therapy deemed appropriate to care of the patient's dental needs. Also, I understand the use of anesthetic agents embodies a certain risk. I have read, understand, and agree to the above terms and conditions.

Patient Signature (Parent, if child) _____ Date _____

Please advise who we may contact regarding your treatment, estimates, predeterminations, appointments, etc.

Name _____ Relationship to patient _____

Cell phone _____ Home phone_____