

**DR. METSGER'S  
PROGRESSIVE DENTAL STUDIO**

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

It is the policy of our practice that all doctors and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its doctors and staff have the necessary medical, dental and PHI to provide the highest quality dental care possible, while protecting the confidentiality of the PHI of our patients to the highest degree possible.

With my consent, DR. METSGER'S PROGRESSIVE DENTAL STUDIO (PDS) may use and disclose PHI about me to carry out treatment, payment and healthcare operations (TPO). Please refer to PDS's NOTICE OF PRIVACY PRACTICES (POSTED) for a complete description of such uses and disclosures.

I have the right to review the NOTICE OF PRIVACY PRACTICES prior to signing this consent. PDS reserves the right to revise its NOTICE OF PRIVACY PRACTICES at any time. A revised NOTICE OF PRIVACY PRACTICES may be obtained by forwarding a written request to Progressive Dental Studio, 520 Pellis Rd. Suite 4000, Greensburg, PA 15601.

With my consent, Dr. Metsger's Progressive Dental Studio may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders i.e., cards, calls, and patient statements. I have the right to request that PDS restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to PDS's use and disclosure of my PHI to carry out 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, PROGRESSIVE DENTAL STUDIO may decline to provide treatment to me.

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Signature of Patient or Legal Guardian

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Patient's Name

Date

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Print Name of Patient or Legal Guardian