

**A. Jose Torio, DMD, MD
Corey Decoteau, DMD
Rachel Madden, DMD, MD
Thomas Burk, DMD, MD
Benjamin Farr, DDS, MD**

HIPAA Consent Form

I hereby acknowledge that I have been given to read a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.

I also would give permission for you to contact in regards to my treatment:

Name of parent / guardian / spouse / other

Also, I give permission to have messages left on my home machine and work machine, or voicemail, such as to confirm appointments or report insurance and account information.

Important Information About Our Practice and Insurance

We do not participate in most managed care/ P.P.O contracts with medical insurances because we feel it will not allow us to provide the level of care and service that our colleagues and patients have come to expect of us and that we demand of ourselves. However, you may still have some medical coverage if your plan has a provision for out of network benefits. Of course, we will also submit for your dental benefits, which usually cover most procedures we do if you have not used up your annual allowance.

Signature & Date