



**Jason W Eaton DDS MAGD**  
**John J Christensen DDS MAGD**

700 N Fairfield Rd Layton, UT 84041

### **Consent to Privacy Practices**

You agree to permit your protected health information (health condition, health care treatment, identity, date of birth, age, address, social security number and insurance information) to be used and disclosed for purposes of treatment, payment and health care operations.

You have the right to request that we restrict how your protected health information is used or disclosed to carry out treatment, payment or health care operations. We are not required to agree with this request, but if we do, we are bound by it.

You have the right to revoke your consent (above). Revocation must be in writing. A revocation, however, will not apply to the extent that protected health information has been used for the above purposes prior to that action.

You acknowledge that you have received a copy of the complete notice of privacy practices if you requested it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I agree to let the office personnel of AdvanceDental to leave messages concerning appointments on my answering machine or with a family member. I also authorize the following individuals to take message regarding appointments, laboratory results and other messages regarding my health care. Only those individuals expressly named below may correspond with the office personnel concerning the information indicated above.

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\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness