



Privacy Consent

By signing this consent form, you are giving consent to Carlos H Letelier, M.D., D.M.D., D.D.S./Center for Oral Surgery and Center for Surgical Arts to use and disclose your protected health information for the purposes of treatment, payment and the health care operations. We have developed a Notice of Privacy Practices that provides more detailed information about how, and under what circumstances, we may use and disclose your protected health information for treatment, payment and health care operations.

Please know that you have the right to review our Notice of Privacy Practices before signing this consent form. In fact, we encourage you to read the entire Notice PRIOR to signing this form. You also have the right to request that we restrict how we may use and disclose your protected health information. We are not required by law, however, to agree to your request. But, if we do decide to grant your request, we are bound by our agreement with you. You also have the right to revoke this consent in writing, unless we have already used or disclosed your protected health information in reliance on this consent.

Dr. Carlos H. Letelier, M.D., D.M.D., D.D.S. may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

Dr. Carlos H. Letelier, M.D., D.M.D., D.D.S. may mail to my home or other designated locations any items that assist Dr. Carlos H. Letelier, M.D., D.M.D., D.D.S. in carrying out treatment, payment, and healthcare operations such as appointment reminder cards and patient statements.

Our Notice of Privacy Practices may be changed from time to time. In the event that we make changes to our Notice, you may obtain a copy of our revised Notice by calling (702)367-6666 or sending a written request to our office.

According to JCAHO standards, we must inquire if you have a "DO NOT RESUSCITATE" order (DNR) or living will. In the rare event that the need for resuscitation should arise, we resuscitate our patients until paramedics arrive.

In respect of our patients' privacy and healing process, we request no cell phone usage, photos and/or videotaping/recording. This is due to HIPPA confidentiality regulations. Thanks you for your cooperation and respect for our patient's and employee's privacy.

NAME (print): _____

Signature: _____ Date: _____