



CHRISTOPHER A. WILKINSON, D.D.S.

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Patient Acknowledgement and Consent Form

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability Act (HIPPA) requires that this office, known as **Dr. Christopher Wilkinson, D.D.S.** comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPPA'S requirements, we are giving you a copy of our *Notice of Privacy Practices*. This notice contains the information that HIPPA requires us to disclose regarding our privacy practices.

Existing Michigan Law requires (in addition to *our* attempt to obtain your written acknowledgement, discussed above) us to first obtain your written consent prior to disclosing any of your information except for our disclosures in connection with: a defense to a claim challenging our professional competence; a court order as a part of a criminal investigation; an identification of a dead body; a licensure investigation; or a child abuse/neglect investigation.

From time to time it may be necessary for us to make disclosures of your information in connection with your treatment. For example, we may make a referral to or consult with another dentist or health care professional, provide a specimen, to a laboratory for testing or otherwise make disclosures of your information in connection with providing or coordinating your treatment.

Patient Consent

Please sign this form below to consent to our disclosures of your information that we deem necessary in order to provide you with proper treatment.

I consent to your disclosures of my information, which you deem necessary in connection with my treatment. I understand that such disclosures may not be of the type listed above.

Patient Signature

Patient Name (please print)

Date