

**GREG A. LINNEY, DDS., INC.**  
**4660 Sweetwater Blvd., #230**  
**Sugar Land, Texas 77479**

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**  
**(Health Insurance Portability and Accountability Act – HIPPA)**

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our notice of Privacy Practices before you decide whether to sign this Consent. Our notice provides a description of our treatment, payment activities, and healthcare operations, of uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. We encourage you to read it carefully and completely before signing the Consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any of our Notice at any time by contacting our office at 281-980-1733 or writing to Dr. Greg A. Linney, D.D.S., Inc., 4660 Sweetwater Blvd., #230, Sugar Land, Texas 77479.

1. You may send my personal and medical information to referred doctors.  Yes  No
2. You may send my personal and medical information to my insurance company.  Yes  No
3. You may leave messages on my voice mail at home or work.  Yes  No
4. You can send my recall card to me through the mail.  Yes  No

Print Patient Name : \_\_\_\_\_

Patient Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

You are entitled to a copy of this consent after you sign it.

Thank you