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Patient Consent Form

Existing Michigan Law requires us to first obtain your written consent prior to disclosing any of your information except in certain instances such as (but not limited to): a review entity's functions; a claim for payment of fees; a third payer's examination of our records; a court order as part of a criminal investigation; an identification of a dead body; a licensure investigation of child abuse 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 referral to or consult with another dentist or health professional to provide a specimen to a laboratory for testing or otherwise make disclosures of your information in connection with providing coordination your treatment.

Patient Consent

Please sign this form below under the heading "Patient Consent" to consent 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 are necessary in connection with my treatment.

I understand that such disclosures may not be listed above.

Patient Signature

Patient Name (please print)

Date: _____