

**Allyson A. Abbott, DMD  
Christian J. Lehr, DMD  
Aysel Iranparvar, DMD  
Amy Cobos, DDS  
Practice Limited to Endodontics**

**Patient Consent for Use and Disclosure  
Of Protected Health Information**

I hereby give my consent for Allyson A. Abbott, DMD, Christian J. Lehr, DMD, Aysel Iranparvar, DMD or Amy Cobos, DDS to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

I have the right to review the complete Notice of Privacy Practices which will be provided by Allyson A. Abbott, DMD upon request, prior to signing this consent. Allyson A. Abbott, DMD reserves the right to revise its Notice of Privacy Practices at any time. A revise of Notices of Privacy Practices may be obtained by forwarding a written request to Allyson A. Abbott, DMD at 2050 Butler Pike, Plymouth Meeting, PA 19462.

With this consent, Dr. Abbott's office may call my home or other alternative locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurances items and any calls pertaining to my clinical care, including laboratory results among other.

With this consent, Allyson A. Abbott, DMD office may mail to my home or other alternative locations any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Allyson A. Abbott, DMD or Christian J. Lehr, DMD, Aysel Iranparvar, DMD, or Amy Cobos, DDS restrict how it uses or discloses my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Allyson A. Abbott, DMD, Christian J. Lehr, DMD, Aysel Iranparvar, DMD, or Amy Cobos DDS may decline to provide treatment to me.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date