

**CONSENT FOR TREATMENT AND AUTHORIZATION**  
**ST. LUKE'S DENTAL HEALTH CENTER**

**Consent for Treatment:** I consent to the services offered to me/my child through St. Luke's Dental Health Center. I have been informed and understand the risks, benefits and alternatives to these services. I understand that the practice of dentistry is not an exact science and acknowledge that no guarantees have been made regarding the results of the examinations or treatments.

**Consent for Nitrous Oxide:** (In some cases, if needed)

I consent to the use of nitrous oxide sedation if needed for management of the patient. Prior to its use, I will be specifically informed of the risks, benefits, and alternatives. I agree to pay the assigned fee for this service.

**Release of Information:** I further authorize the release of necessary diagnostic, procedural and financial information as needed for the purpose of claiming insurance benefits. I understand that the Iowa Department of Public Health shall have access to all information available from records maintained by this agency. If applicable, I understand that a yearly declaration of income is necessary to assure that county and private funds are directed to those persons least able to secure services elsewhere. Any further information including copies will require my additional authorization.

**Financial Responsibility:** Charges for services will be discounted based on income. Any charges incurred are due at time of service.

Signing for this information certifies that I have read and understand the authorizations and that I agree to them.

Parent/Guardian/Staff Signature

Date

**NOTICE OF PRIVACY PRACTICE**

In order to ensure our patients' dental records are kept private and confidential, St. Luke's Dental Health Center complies with the Health Insurance Portability And Accountability Act (HIPAA) of 1996 and all its regulations.

By signing for this information, I acknowledge that I have been offered Notice of Privacy Practices information for St. Luke's Hospital.

Parent/Guardian/Staff Signature

Date