Informed Consent

I hereby authorize Asheville Family Dentistry, Callan White DDS, Allison White DDS, Connor Ware DDS, and staff to perform all indicated and agreed upon dental examinations and treatments that have been presented to me. I have been provided with adequate information, in a way I can understand, to make a well-informed and confident decision regarding my proposed treatment. I further understand that I may ask any questions I wish before, during, and after my treatment. _______ Initial here

I am aware dentistry (like medicine) is not an exact science, and acknowledge that no guarantees have been made as to the result of any examinations, procedures, or treatment. I further acknowledge that such examinations, procedures, or treatment may have unforeseen or unexpected consequences that may result in less than ideal outcomes including complications that produce increased pain, disability, loss of function, morbidity, and mortality. ______Initial here

In addition, I understand that in compliance with Federal OSHA (Occupational and Safety Health Administration) procedures, in the event of any exposure to the dentist, staff, or patient of blood or other potentially infectious materials, the parties involved shall be deemed to have consented to testing for infectious pathogens to include but not limited to HIV and Hepatitis and that appropriate follow up will be advised. ______Initial here

I understand that photographs, videotapes, digital, or other images may be recorded to document my care and used only for treatment purposes, and I consent to this. Any other use of recorded documentation we would ask for written permission. I understand that Asheville Family Dentistry will retain the ownership rights to these photographs, videotapes, digital, or other images, but that I will be allowed access to view them or obtain copies. ______Initial here

Asheville Family Dentistry Doctors & staff take great pride in your personal care. We aim to treat all of our patients with respect & dignity at all times. We also expect the same from our patients. Aggressive or violent type behavior or inappropriate language will not be tolerated. Failure to comply with this may result in a dismissal from the practice.______Initial here

I have been given the opportunity to review this office's HIPAA Notice describing how medical and dental information about me may be used and disclosed and how I may get access to this information and I have been offered a copy of this notice. ______Initial here

Understanding the reasonable benefits and risks to the proposed treatments I hereby elect to consent to treatment by Asheville Family Dentistry, dentists, and staff.______ Initial here

I have received a copy of this office's HIPAA Notice.______ Initial here

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Patient Signature Date

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Witness Date