



NOTICE OF PRIVACY ACKNOWLEDGEMENT

Under the Health Insurance Portability & Acknowledgment Act of 1996 (“HIPAA”), you have certain rights to privacy regarding protected health information.

You have the right to read our Notice of Privacy Practices before you decide whether to sign the Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected healthcare information, and of other important matters regarding your protected health information.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, by contacting Nancy Treich at (908) 757-3191 or via email at info@dentistryforkidsnj.com.

I have had full opportunity to read and consider the contents of this form and the Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations.

Patient Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____