



Dental Associates of Maitland, P.A.

Bernard A. Kahn D.D.S.

926 N. Maitland Av. Maitland, Fl. 32751-4483

Consent for use and Disclosure of Health Information

Section A: Patient Giving Consent

Name: _____ Social Security Number: _____

Address: _____

Telephone: _____ E-mail: _____

Section B: To the Patient – PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you will consent to our use of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this 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 information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If changed, a revised Notice of Privacy Practices will contain the changes. Those changes may apply to your protected health information we maintain.

You may obtain a copy of our Notice of Privacy Practices, by contacting:

Bernard A. Kahn, D.D.S.
926 N. Maitland Av., Maitland, Fl. 32751-4483
407-629-4220, Fax: 407-629-2811, E-mail: BKahnDDS.com

Right to Revoke: You will have the right to revoke this Consent at any time by giving written notice submitted to the name of the person above. Your revocation will *not* affect actions prior to your revocation, and we may then decline therapy or continue treatment.

Signature

I, _____, have had the opportunity to read and consider this Consent and the Notice of Privacy Practices. With this signature, I consent to the use and disclosure of my health care information to carry out treatment, payment activities, and health care operations.

Signature: _____ Date: _____

Personal Representative: _____ Relationship: _____