

CONSENT FORM

You have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to our privacy contact person. Please understand that revocation is not retroactive and we may decline to treat you or to continue treating you if you revoke this Consent.

PRINT NAME _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (You may refuse to sign this acknowledgement)

I have received a copy of this office's Notice of Privacy Practices on this date: _____.
Initials: _____

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I understand by initialing this, I will consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations. Your office will continue to use my health information in the ways you have specified in your Privacy Notice. Initials: _____

IF SUBSCRIBED TO INSURANCE: AUTHORIZATION FOR SIGNATURE ON FILE

I hereby authorize the office of Quality Care Dental LLP to affix my name to any and all claims or documents as related to any and all health benefits due me and my dependents through my employment. I hereby authorize payment of dental benefits otherwise payable to me, directly to Quality Care Dental LLP, if there is a balance on my account. This "Signature On File" will be valid from this date. A photocopy of this document may act as an original.

Initials: _____

IF RESPONSIBLE FOR MINOR: MINOR/CHILD CONSENT

I, being the parent or guardian of _____, do hereby request and authorize the dental staff to perform necessary dental services for my child, but not limited to X-rays, and administration of anesthetics which are deemed advisable by the doctor, whether or not I am present at the actual appointment when the treatment is rendered. I also do hereby authorize the following named adult(s) authority to make dental care decisions and receive information for the above-mentioned minor in my absence:

_____ INITIALS: _____

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY Quality Care Dental LLP 300 South Little Tor Road New City, NY 10956-1444 (845) 634-9155

We attempted to obtain written acknowledgement of receipt of our Notice and Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign this form
 - Communication barriers prohibited obtaining the acknowledgement
 - Other (Specify)
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