FEDERICI DENTAL, P.A.

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

	DN A: PATIENT GIVING CONSENT
Name.	Date of Birth;SS#
	55#
SECTIO	IN B: TO THE PATIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.
Purpos	e of Consent: By signing this form, you will passent to
treatme	e of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carly, not 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 Consider a description of our treatment, payment activities, and hearthcare contains a feet.
Our Not	ce provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may reprotected health information, and of other important matters about your protected.
of your	protected health information, and of other involves we may an indicate operations, or the uses and disclosures we may an
accemp	anies this Consent. We encourage you to read it carefully and completely before signing this Consent. A copy of our No
∕ve rese	rve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, a revised Notice of Privacy Practices, which will contain the changes. Those changes are
Will ISSU	a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected near that we maintain.
rou ma	obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting,
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	Manahawkin, NJ 08050 609-597-1234; Address, 1301 Rte 72 W. Unit 230
	Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of
	your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in religious on this Consent will not affect any action we took in religious on this Consent will not affect any action we took in religious on this Consent will not affect any action we took in religious on this Consent will not affect any action we took in religious on this Consent will not affect any action we took in religious on this Consent will not affect any action we took in religious on this Consent will not affect any action we took in religious on the consent will not affect any action with the consent will not affect any action will not actio
	Consent will not affect any action we took in reliance on this Consent before we received your revocation and that we may decline to treat you got a continue treating your feet and that we may decline to treat you got a continue treating your feet and that we may decline to treat you got a continue treating your feet and the continue treating your feet and that we may decline to treat you got a continue treating your feet and the continue treating your feet
	and that we may decline to treat you or to continue treating you if you revoke this Consent.
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Medical Information Release Form (HIPAA Release Form)

Name:	Date of Birth:/
Release of Info	ormation
[] I authorize the release of information includin Examination rendered to me and claims information	ng the diagnosis, records; n. This information may be released to:
[] Spouse	- Phone
[] Children	
[] Other	- Phone
[] Information is not to be released to anyone.	
This Release of Information will remain in effect unit	til terminated by me in writing.
Please call [] my home [] my work [] my cell numb If unable to reach me:	per:
[] you may leave a detailed message[] please leave a message asking me to return[]	n your call
The best time to reach me is (day)	between (time)
Signed:	
Witness:	Date/

JOSEPH R. FEDERICI, DMD DAVID E. FEDERICI, DMD

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

1, X_		, have received a copy of this office's Notice of
Privac	y Pract	ices.
	X {Pleas	se Print Name}
	X {Signa	ature}
	∠ {Date}	
and the second s		
		For Office Use Only
We atte	empted vledger	I to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but ment could not be obtained because:
		Individual refused to sign
		Communications barriers prohibited obtaining the acknowledgement
		An emergency situation prevented us from obtaining acknowledgement
		Other (Please Specify)
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