Elite Periodontics and Implant Dentistry. PC 160 S. Livingston Ave. Suite 110-111 Livingston, NJ 07039 973-994-9995

Notice of Privacy Practices and Patient Consent For Use and Disclosure of Protected Health Information

PATIENT NAME	DATE
I understand that under the Health Insurance Portability and Accountable certain Patient Rights regarding my protected health information.	oility Act of 1996 (HIPAA), I have
I understand that Elite Periodontics and Implant Dentistry, PC may use information for treatment, payment or health care operations—which me me, the patient; handling billing and payment; and, taking care of other required by law, there will be no other uses and disclosures of this information.	eans for providing health care to nealth care operations. Unless
Elite Periodontics and Implant Dentistry, PC has a detailed document ca Practices '. It contains a more complete description of your rights to priv disclose protected health information.	-
I understand that I have the right to read the 'Notice' before signing this Periodontics and Implant Dentistry, PC will provide me with the most curractices.	•
My signature below indicates that I have been given the chance to review <i>Privacy Practices</i> . My signature means that I agree to allow Elite Period to use and disclose my protected health information to carry out treatment operations. I have the right to revoke this consent in writing at any time, Periodontics and Implant Dentistry, PC has taken action relying on this of	ontics and Implant Dentistry, PC ent, payment, and health care except to the extent that Elite
SIGNATURE (Patient or Legal Custodian/Authorized Representative)	DATE
Relationship to Patient if signed by another party	DATE
You may obtain a copy of our <i>Notice of Privacy Practices</i> , including any time by contacting: Elite Periodontics and Implant Dentistry, PC, 160 S.	

FORM Us

Livingston, NJ 07039 (973)-994-9995.