

NORTH BETHESDA DENTAL CARE

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION OF A MINOR

SECTION A: PATIENT'S NAME: _____

SECTION B: PARENT (OR GUARDIAN) GIVING CONSENT

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Patient Number: _____ Social Security Number: _____

SECTION C: TO THE PATIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your child's 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 health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

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

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: Dr. Nazem

Telephone: (301) 770-9007 Fax: (301) 770-9507

E mail: info@northbethesdasmile.com

Address: 11125 Rockville Pike, suite G2, Rockville MD, 20852

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 reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SECTION D: DISCLOSURES MAY BE MADE TO THE FOLLOWING INDIVIDUALS:

1. _____ ; 3. _____ 5. _____

2. _____ 4. _____ 6. _____