



Health Insurance Portability and Accountability Act (HIPAA)

I hereby give my consent for Park Avenue Dental Cosmetics, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO) Park Avenue Dental Cosmetics, LLC's Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Park Avenue Dental Cosmetics, LLC reserves the right to revise its Notices of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Park Avenue Dental Cosmetics, LLC.

With this consent, Park Avenue Dental Cosmetics, LLC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Park Avenue Dental Cosmetics, LLC may mail to my home or other alternative location any items that assist the practice in caring out TPO, such as appointment reminder cards, patient statements and material related to my clinical care as long as they are marked Personal and Confidential.

With this consent, Park Avenue Dental Cosmetics, LLC may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards, patient statements and material pertaining to my clinical care. I have the right to request that Park Avenue Dental Cosmetics, LLC restrict how it uses or discloses my PHI to carry out TPO.

Park Avenue Dental Cosmetics, LLC is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to Park Avenue Dental Cosmetics, LLC's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Park Avenue Dental Cosmetics, LLC may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Print Name of Patient

Print Name of Parent or Legal Guardian