

Notice Of Privacy Practice Patient Consent Form

I consent to allow **Bhargava Family Dentistry** to release health information about me for the purpose of treatment, payment and healthcare operations.

Examples may include releasing x-rays, treatment or payment information to other doctors or insurance companies in person or by mail, fax, or electronic transmission. Other examples include but are not limited to sending account statements by mail, sending reminder cards by mail, or receiving phone calls, text messages or emails for scheduled appointments.

I have been allowed to review this office's Notice of Privacy Practices:

Signature

Date

If this consent is signed by a personal representative on behalf of a patient (i.e. minor), please sign below:

Personal Representative's printed Name and Signature

Relationship to Patient