SMILES·NY
COSMETIC AND IMPLANT DENTISTRY

220 EAST 63RD STREET
LOBBY F
NEW YORK, NY 10065

Patient HIPAA Awareness

With my permission, Drs. Roth, Chase, Jackier and Loshak may use and disclose "protected health information" (PHI) about me to carry out treatment, "payment and healthcare operations" (TPO). Please refer to Drs. Roth, Chase, Jackier and Loshak's Notice of Privacy Practices for 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, Drs Roth, Chase, Jackier and Loshak reserve the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Drs. Roth, Chase, Jackier and Loshak may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements, as long as they are marked Personal or Confidential.

With my permission, the office of Drs. Roth, Chase, Jackier and Loshak may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Drs. Roth, Chase, Jackier and Loshak restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing Drs. Roth, Chase, Jackier and Loshak to use and disclosure my PHI for 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.

_____

Signature of Patient or Legal Guardian

_____ _____

Print Name of Patient or Legal Guardian

Date