

Acknowledgement of Privacy Policy

The Undersigned consents to the use or disclosure of my (or patient's if the Undersigned is the patient's personal representative) individually identifiable health information by Long Hill Dental, P.A., its providers and staff as, outlined by federal law, for the purposes set forth below:

1. To provide the patient with dental treatment and related services, including coordination or management of patient's care with a third party that is also involved in patient's treatment, such as your primary care physician, a specialist, or a laboratory to whom, we refer the patient for further care or tests.
2. To obtain payment for treatment or services you receive, including disclosure to your insurance company, health plan or other third party payor, or to determine your eligibility or coverage under a certain health plan.
3. As necessary to run our business operations and to support the core functions of treatment and payment, including, without limitation, quality assessment and improvement activities, conducting dental review, legal and auditing services, business planning and development activities, and business management and general administrative activities.
4. As required or permitted by applicable state and/or federal law, as described at greater length in the "Notice of Privacy Practices" displayed in our office.

Furthermore, in order to facilitate and expedite my care, my signature below authorized this office of Drs. Steven P. Dultz and Chantal Scott-Aplizar to have access to and obtain copies of my prior, current and future dental or medical records for the purposes of treatment and payment in accordance with the HIPPA regulation. This authorization will remain valid until my written revocation.

Signature of patient or patient's
representative

Date

Printed name of patient or patient's
representative

Relationship to patient or basis for
Authority to act on patient's behalf