

LDC Dental, LLC

Leslie C. Flahaven, DDS

504 Lambs Road

Pitman, NJ 08071

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, LDC Dental, LLC may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and Healthcare Operations. Please refer to LDC Dental, LLC'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. LDC Dental, LLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to LDC Dental, LLC, Privacy Officer at 504 Lambs Road, Pitman, NJ 08071. With my consent, LDC Dental, LLC may call my home, cell phone or other designated locations, text my cell phone, email and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out Treatment, Payment and Healthcare Operations such as appointment reminders, insurance items and any call pertaining to my clinical care. I have the right to pay out of pocket in full for treatment and instruct LDC Dental, LLC to refrain from sharing information about that treatment with my insurance company.

With my consent, LDC Dental, LLC may mail to my home, e-mail or fax to a specified number or other designated locations any items that assist the practice in carrying out Treatment, Payment and Healthcare Operations such as appointments, reminder cards, pre-treatment information, dental claims and patient statements.

LDC Dental, LLC will disclose to me any breach of unsecured protected health information.

A separate authorization is required from me for LDC Dental, LLC to use or disclose any of my protected health information for marketing purposes.

By signing this form, I am consenting to LDC Dental, LLC use and disclosure of my Protected Healthcare Information to carry out Treatment, Payment and Healthcare Operations. I also acknowledge availability to rereview and/or receiving a copy of LDC Dental, LLC Notice of Privacy Practices.

I may revoke my consent in writing except to the extent that the practice has already made disclosure in reliance upon my prior consent. **If I do not sign this consent, LDC Dental, LLC may decline to provide treatment to me.**

LDC Dental, LLC has my permission to discuss my Protected Health Information to carry out Treatment, Payment and Healthcare Operations with _____.

Patient's Name

Date

Signature of Patient or Legal Guardian

Phone Number

Printed Name of Legal Guardian if NOT the Patient

Email