

Fifth Avenue Dental Associates

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HIPAA Awareness

With my permission, Fifth Avenue Dental & Associates, PC may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

I have the right to review the Notice of Privacy Practices prior to signing this consent. Fifth Avenue Dental & Associates, PC reserves the right to revise its practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Fifth Avenue Dental & Associates, PC may call my home or other locations 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 call pertaining to my clinical care, including laboratory results among others.

With my permission, the office of Fifth Avenue Dental & Associates, PC may mail to my home or other designated locations 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 and Confidential.

With my permission, the office of Fifth Avenue Dental & Associates, PC may e-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 a right to request that Fifth Avenue Dental & Associates, PC restrict how it discloses 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 Fifth Avenue Dental & Associates, PC to use and disclose 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.

Patient Name

Date

Signature of Patient or Legal Guardian