

Monroe Dental Group
Dr. Lawrence Klein
Dr. Adam Klein
18 Centre Drive, Suite 102
Monroe Township, NJ 08831

Consent

I give this practice my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews.

I have been informed that I may review the practice's Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this consent.

I understand that this practice has the right to change their privacy practices and that I may obtain any revised notices at the practice.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the practice is not required to agree to the request. If the practice agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

If signed by patient representative, state relationship to patient _____

Yes No You may leave information on my answering machine regarding treatment

Yes No You may call my work to discuss treatment

You may discuss my treatment with the following people:

Name

Date of Birth

Signature: _____ Date: _____

Patient, parent or legal guardian