

Godwin Dental
339 Godwin Ave
Midland Park, NJ 07432
Phone 201-652-7110

**PATIENT CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

With my consent, Godwin Dental may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Godwin Dental 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.

Godwin Dental reserves 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:

Godwin Dental
Patient Consent Privacy Officer
339 Godwin Ave
Midland Park, NJ 07432

With my consent, Godwin Dental may call my home or other designated location 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 reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Godwin Dental 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 the right to request that Godwin Dental 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 form, I am consenting to Godwin Dental use and disclosure of my PHI to carry out 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. If I do not sign this consent, Godwin Dental may decline to provide treatment to me.

Print Name of Patient or Legal Guardian

Signature of Patient or Legal Guardian

Date

Godwin Dental
339 Godwin Ave.
Midland Park, NJ 07432
Phone 201-652-7110

**WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

Patient name: _____

Date of birth: _____

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I understand that if I have further questions or complaints, I may contact:

Godwin Dental
339 Godwin Ave.
Midland Park, NJ 07432

I also understand that I am entitled to receive updates upon request if Godwin Dental Notice of Privacy Practices is amended or changed in a material way.

Signature

Relationship to Patient

Date