PROTECTING YOUR PRIVACY

CONSENT TO USE
AND/OR
DISCLOSURE OF PATIENT INFORMATION

As a patient of **RICHARD HABER DDS Inc, 1260 15th St #701, Santa Monica Ca 90404, Tel: (310) 393-7766** you have the right to know how we may use and disclose information about you. More information about this is provided in our "Notice of Patient Privacy Practices information" on our website: http://www.drhaber.net/forms.htm and in our office.

Please review our Notice of Patient Privacy Practices before signing this form.

As our Notice of Privacy Practices explains, we need your consent to use or disclose information about you so that we can provide you with health or dental treatment; arrange payment for your care; and conduct certain kinds of administrative health or dental care operations. By signing this Consent below, you agree that we may use or disclose information about you for these purposes.

You have a legal right to request us not to use or disclose information about you for some kinds of treatment, payment or dental care operations purposes. We are not legally required to grant this kind of request. We are only bound by a request for additional restrictions if we agree to them in writing. Please contact us at the address and phone number given above if you want more information or to request additional restrictions.

You have the right to revoke this Consent at any time, but must do so in writing.
A revocation of this Consent will not apply to any use or disclosure of information which happened before we received your written revocation. Please contact us at the address and phone number above if you want more information, or to revoke this Consent.

We may change our Notice of Privacy Practices from time to time. If we do change it, we will make a copy of the revised Notice available to you the next time you come in for an appointment. You may obtain a copy of our current Notice upon request to our address and phone number given above.

By signing below you agree that we may use information about you for purposes of providing treatment, arranging payment, and health and dental care operations.

Name of Patient:_____

Signature : _____

Date : _____