

Dr. Percy Segal & Dr. Dina Lebowitz

**PATIENT CONSENT FORM FOR THE COLLECTION, USE AND DISCLOSURE OF
PERSONAL INFORMATION**

Privacy of your personal information is an important part of our office providing you with quality dental / periodontal care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. In order to collect personal information necessary to provide quality dental care to you we, according to the newly enacted federal law need your signed following consent.

I agree that Dr. Percy Segal can collect, use and disclose personal information about myself as per the privacy laws enacted by the Federal Government on January 1, 2004. I also consent that communications and reports about my condition can be sent to my referring dentist. If you do not wish that we send reports to your dentist(s) please let us know.

Signature of patient, parent of guardian

print name

Date

Signature of witness

In this office, Dr. Percy Segal acts as the Privacy Information Officer. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.