

New Smile Dentistry

11010 Foothill Blvd.. Ste 120
Rancho Cucamonga, CA 91730

PATIENT CONSENT FORM

You have the right to review our *Notice of Privacy Practices* before signing this *Patient Consent Form*. Please take the time to do so now. *A copy will be provided upon request.*

You have the right to request that we restrict how your PHI is used or disclosed for Treatment, Billing/Payment, or Dental Office Operations. *Request for Restriction of PHI* must be submitted to the OCP in writing and signed by you as specified in our Notice;

Our office does not have to agree with your *Request for Restriction of PHI*. If we agree to your *Request for Restriction of PHI*, we shall honor that agreement.

You have the right to revoke this *Patient Consent Form*. Revocation of Consent must be submitted to the OCP in writing and signed by you as specified in our *Notice*;

A *Revocation of Consent*, does not affect disclosures made prior to the date the *Revocation* was made.

Your signature below signifies your consent to the use and disclosure of your PHI by our office during Treatment, Billing/Payment, Dental Office Operations as outlined in our *Notice*

This Patient Consent was signed by: _____
(Print Name of Patient) (Relationship to Patient)

Patient's Signature

Date