

Collins Dental Group
1608 State Highway 88 West
Suite 111
Brick, New Jersey 08724

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use of disclosure of my protected health information by Collins Dental Group for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care bills or to conduct health care operations of Collins Dental Group. I understand that diagnosis or treatment of me by Doris E. Collins D.M.D., Harvey A. Collins Jr., D.M.D., or Jacqueline Geardino R.D.H., may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Collins Dental Group is not required to agree to the restrictions that I may request. However, if Collins Dental Group agrees to a restriction that I request, the restriction is binding on Collins Dental Group and Doris E. Collins D.M.D. and Harvey A. Collins Jr., D.M.D.

I have the right to revoke this consent, in writing, at any time, except to the extent that Doris E. Collins D.M.D. and Harvey A Collins Jr. or Collins Dental Group has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, other healthcare provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Collins Dental Group’s Notice of Privacy Practices prior to signing this document. The Collins Dental Group’s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of healthcare operations of the Collins Dental Group. The Notice of Privacy Practices for Collins Dental Group is also provided in the lobby. This Notice of Privacy Practices also describes my rights and