Doris Lin-Song, D.D.S., Inc.
Bergen James, D.D.S.
Jennifer Yu, D.D.S.
PEDIATRIC DENTISTRY

Last Name _____ First Name _____ Middle _____ Birthdate _____

Acknowledgement of Receipt of Notice of Privacy Practices

I have reviewed the office's Notice of Privacy Practices and understand that I may request a copy by email or paper for my records at any time.

Signature of Parent or Legal Guardian _____ Date _____

Consent for Use or Disclosure of Patient's Protected Health Information

- I hereby authorize Doris Lin-Song, DDS, Inc. to release information for dental claims, prescriptions, diagnostic treatment, and care management services, and for reviews required by HHS or HIPAA-compliant operations via reasonable methods including but not limited to phone, fax, mail, electronic mail, and friend/relative/caregiver. If I provide an email address, I am able to receive email securely and away from a public computer.

- I hereby authorize the designated parties below to request and receive protected health information regarding my child's dental treatment, dental findings, billing, payment or administrative operations related to dental treatment. I understand that the identity of designated parties must be verified before the release of any information occurs. I understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy regulations.

  Friend, Relative, and/or Caregiver who may bring your child for care (Please list below):

  Name _____ Relationship _____

  Name _____ Relationship _____

  Name _____ Relationship _____

- Given the layout of our office, from time to time, conversations may be overheard by others. If you object to the fact that you may overhear other patient's health information, or that your child's health information may be overheard by another, please let us know and we will be sure to either place you in a completely private room or reschedule your appointment according to your needs.

- We may also take photos of your child with our office dog or character as a memorabilia of his/her dental visit or for other festivities in our office. We will mail a copy of the photo to the home address you gave us and we may display it in our digital photo frame, photo album in the reception area, and/or on our website.

CONSENT

I understand that consent may be revoked by me at any time. I understand why I have been asked to disclose this information and am aware that my child's rights are identified in the practice's Notice of Privacy Practices.

Signature of Parent or Legal Guardian _____ Date _____