



kidsteeth pediatric dentistry

700 South Chester Rd. | Swarthmore, PA 19081 | Phone: 610-627-1199 | Fax: 610-627-1886

USE OF DISCLOSURE OF HEALTH INFORMATION

TO THE PATIENT - PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Notice of Privacy Practices:

You have the right to read our Notice of Privacy Practices before you decide whether to sign our Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. We encourage you to read it carefully and completely before signing our Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice by contacting Dr. Claire B. Field.

Right to Revoke:

You will have the right to revoke the Consent at any time by giving us written notice of your revocation submitted to Dr. Claire B. Field. Please understand that revocation of this Consent will not affect any action we took in reliance on our Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke our Consent.