



234 N. D Street
San Bernardino, CA 92401
909-386-7878

www.mydentistcalifornia.com

CONSENT OF DISCLOSURE

I hereby give consent to Dr. Sanjay V. Patel and all health care providers furnishing care within My Dentist to use and disclose my protected health information for the purposes of treatment, payment and dental care.

You, the patient, have the right to request restriction on the usage and disclosure of your protected health information for the purpose of treatment, payment or dental care operations. We are not required to grant your request, however, if we do, the restriction will be obligatory to us.

Our posted ***Privacy Policy*** provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our ***Posted Privacy Policy*** before you sign this consent.

Print Name of Patient: _____

Signature: _____ Date: _____

If you are signing as the patient's representative:

Print Your Name: _____

Relationship to Patient: _____