

The Bastida Dental Group  
4014 82nd Street, 2nd Fl  
Elmhurst, NY 11373

**HIPAA- Consent**

I give this practice consent to use or disclose my protected health information to carry out my treatment, obtain payment from insurance companies, and for health care operations such as quality reviews.

I have been presented with the Notice of Privacy Practices in which I have been informed of how my health information is protected, can be used, and shared by this office and how I can obtain access to this information.

I understand that this office has the right to change its privacy practices and that I may obtain any changed notices from the office.

I also understand that I may revoke this consent at any time, upon written request, except for information that has already been used or disclosed.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_