

WAIVER FOR AMENDMENTS TO THE NOTICE OF PRIVACY PRACTICES REQUIRED UNDER THE HIPAA ACT OF 1998

Under the new privacy laws, unless we have the signature of the patient, we cannot give personal dental information to anyone other than the patient (unless the patient is a minor under the age of 18). This includes a spouse and/or parents of a patient. The following are some circumstances in which you may allow us to provide your dental information to another family member.

I authorize Dr. Cohen and/or staff to speak with the following individual(s) on my behalf pertaining to my account, appointments, dental records and pending treatment.

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

SIGNATURE OF PATIENT

DATE