

# Nikodem Dental Care, P.C.

## Disclaimer/Privacy Practices

I understand that the information I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest of confidence. It is my responsibility to inform this office of any changes in my personal or medical information. I authorize the dental team to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.

Nikodem Dental Care, P.C.

I understand that Nikodem Dental Care, P.C. abides by the HIPAA Law and will protect the privacy of my personal information.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Disclose private information to persons other than the patient:

I give permission to Nikodem Dental Care P.C. to discuss my patient and account information with following:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_