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Privacy Policy

Established to protect the privacy of your health care and personal information, it is our policy to comply with the HIPAA Privacy Rule.

The HIPAA Privacy Rule establishes a foundation of Federal protection for your personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. As such, the Rule generally prohibits a covered identity from using or disclosing protected health information unless authorized by patients, except where this prohibition would result in unnecessary interference with quality health care or certain important public benefits or national priorities.

I hereby give permission to discuss my treatment with the following individuals: _____

Release Form

I authorize the dentist and those appointed by the dentist as assistants to perform diagnostic procedures and treatments as may be necessary for proper dental care.

In connection with the dental services which I am receiving, I authorize the taking of dental photographs. These photographs are for in office use only and are used for the purpose of documentation, treatment planning, communication with our lab, and education.

I authorize the release of any information concerning my (or my child's) health care, advise, and treatment to another dentist.

I understand that I am responsible for all costs of dental treatment.

I hereby authorize payment of insurance benefits directly to the dentist, otherwise payable to me.

I attest to the accuracy of the information on this form.

By signing this form you acknowledge that you understand everything that you have read and that the questions you have answered are true.

We value your opinion and want to provide you with the best possible care.

Patient's Name: _____

Signature: _____

Date: _____