Dr. Marty M. Askari, D.M.D.
Rosemont Dental Center
2090 Old Farm Drive Suite C
Frederick, MD 21702

CONSENT FORM
Notice of Privacy Practices

I understand that, under the Health Insurance Portability and Accountability Act of 1996, (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

-Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment, directly and indirectly
-Obtain payment from third party prayers (i.e. my insurance company)
-Conduct normal healthcare operations, such as quality assessments and physician certifications

I have been informed by you of your Notice of Privacy Practices, Containing a more complete description of the uses and disclosures of my health information, have informed me. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that Rosemont Dental Center has the right to change its Notice of Privacy Practices from time to time and that I may contact Rosemont Dental Center at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out my treatment, payment or health care operations. I also understand that you are bound to abide by such restrictions.

I understand that I may revoke the consent in writing at any time, except to the extent that you have taken action relying on this consent.

Patient Name: _____
Signature: _____
Relationship to Patient: _____
Date: _____