Steven W. Carney, D.D.S.
Middletown Oral Surgery and Implant Center
583 Saybrook Road
Middletown, CT 06457
(860) 346-6060

H.I.P.P.A
Patient Consent / Notice of Privacy Acknowledgement Form

By signing below, you consent to the use and disclosure of your protected health information by Middletown Oral Surgery & Implant Center, PC, our office staff, and our business associates, for treatment, payment, and health care operations.

You have the right to review our notice prior to signing this consent. The notice in its entirety is posted in the office; you also have the right to request a copy. The terms of this notice may change. If the terms do change, you may obtain a revised notice by contacting the office at (860) 346-6060 and requesting a revised notice.

You may refuse to consent to the use or disclosure of your protected information, but this must be in writing. **Under this law, we have the right to refuse to treat you should you choose not to disclose your Protected Health Information (PHI).**

I give Middletown Oral Surgery & Implant Center, PC and staff permission to release my Protected Health Information to the following:

Name:_____________________________ Relationship________________________

Address____________________________ Phone #___________________________

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Name:_____________________________ Relationship________________________

Address____________________________ Phone #___________________________

I have reviewed, understand and Agree to the Content of the Notice of Privacy.

Signature:_____________________________ Date:____________________