

PRIVACY CONSENT

Our office has always placed utmost importance on the privacy rights of our patients. In the near future, all medical and dental offices may be required by the Department of Health and Human Services to post their privacy policies and provide patients with a copy of said policy to review. Please read and sign our consent form below and feel free to ask if you have any questions.

Please be assured that we will take any and all steps necessary to protect the privacy of our patients. You have the right to review our office's complete written privacy policy prior to signing this form, and you may request one from any member of our staff.

Your (your child's) protected health information and personal information may be used in connection with treatment, payment of account, or health care operations that pertain to Dr. Krowicki and his staff.

We may amend our privacy notice at any time. Notice of any changes will be posted, and you may request to see a copy.

You may revoke this consent at anytime in writing. However, such revocation will not cover any action that was taken prior to receiving your revocation in writing.

You will be provided with a copy of this form for your records. Thank you for your cooperation.

Please print patient's name

Patient's/parent's/guardian's signature

Date

Please print name of above

If at anytime you want more information about our privacy practices, have questions or concerns, or if you feel that we may have violated your privacy rights, please speak to or otherwise contact:

Sharon Zawadzki (in the office)
Phone: 908-236-2802
Fax: 908-236-7154
Email: drkstaff@yahoo.com