MARC J HOLLANDER
DDS & ASSOCIATES
118 N. Hamilton Rd
Gahanna, OH 43230
(614) 344-6844

SIGNATURES

I, _____ have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information, PHI, to carry out treatment, payment activities and healthcare operations.

SIGNED: _____ DATE: _____

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

PERSONAL REPRESENTATIVE'S NAME: _____
RELATIONSHIP TO PATIENT: _____

EMAILING X-RAYS

In providing the best treatment for our patients, it might be necessary for us to email x-rays to other specialists or dentists or to insurance companies. This allows other offices to have a better diagnostic tool available to them which will cost you less and permit you to have access to quicker service, as well as decreasing the radiation exposure to you.

I understand that x-rays might need to be emailed to other specialists and dentists and insurance carriers. I give my permission for this service.

SIGNED: _____ DATE: _____

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

PERSONAL REPRESENTATIVE'S NAME: _____
RELATIONSHIP TO PATIENT: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT