

**LEONID R. BRISKIN D.M.D.**  
8320 W. Sunrise Blvd, Suite 110,  
Plantation, FL 33322  
(954)475-8100

Acknowledgement of Receipt of "Notice of Privacy Practices"  
and Consent for Use and Disclosure of Protected Health Information

You may refuse to sign this Authorization

The undersigned acknowledges receipt of a copy of the currently effective "Notice of Privacy Practices" for the office of Leonid R Briskin, D.M.D. and hereby authorizes this dental office to use and disclose in any form or format the Protected health Information of this patient but **only as follows:**

1. To carry out treatment ( normal Course of dental care);
2. Payment activities ( billing and submission of insurance claims/forms);
3. Healthcare operations ( quality assessment, internal grievance, customer service, etc.)

This practice **will not disclose** the following information unless you allow us by initials:

- \_\_\_ HIV records
- \_\_\_ Alcohol and substance abuse diagnosis
- \_\_\_ Psychotherapy records

You have the right to read our "Notice of Privacy Practices" which accompanies this form before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information.

You have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to our Privacy Officers. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we receive your revocation notice, and that we may decline to treat you or your child or to continue treating you or your child if you revoke this Consent.

Signature ..... Date..... Time.....

Print your name..... Relation to patient.....

Patient's name.....

A copy of this signed, dated Acknowledgment/Consent shall be as effective as the original.

You are entitled to a copy of this consent form after you sign it.

Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer, Cindy Malvita.