



**Plaza Dental Group**  
**FAMILY DENTISTRY**

78-461 HWY 111  
LA QUINTA, CA 92253  
(760) 564-5455

**AGREEMENT TO ACCEPT POLICIES SET FORTH IN NOTICE OF  
PRIVACY POLICIES DATED APRIL 14, 2003**

Please read this before you sign this Consent form.

By signing this form you are agreeing to let Plaza Dental Group use your Personal Healthcare Information according to the privacy guidelines described in its Notice of Privacy Policies, dated April 14, 2003.

Having read the attached Notice of Privacy Policies you understand the following to true. You understand that:

If you do not sign this consent form agreeing to what is in our Notice of Privacy Practice, according to the new law we will be unable to treat you.

If we should change our confidentiality or privacy practice in the future, we will post those changes in our Notice of Privacy Policies. You can get a new copy by requesting one from our office at any time.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information. You will have to tell us in writing what you want us to withhold. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we promise to do as you asked.

After you have signed this consent, you have the right to revoke it (by writing a letter to our Privacy Compliance Officer telling us you no longer consent). We will comply with your wishes about using or sharing your information from that time forward.

\_\_\_\_\_  
Signature of Client or His/Her Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client of His/Her Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative of This Office