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Notice Of Private Practices

The notices given prior to this form explain how we are handling your privacy as our patient in the office. You are entitled to designate with whom we can or can not discuss your treatment and financial information with. As with this new law, you are entitled to full privacy of your records. Please list the people we can discuss your account with. For example, if your spouse takes care of finances and calls in regards to a statement he/she has received, the patient must list this person on this form in order to discuss your personal information. This does not include patients 18 years of age, even though they still may be covered under their parent's insurance plan and the parents are still paying for their bill, the patient must list their parents on this paper. Keep in mind this is for your privacy and protection, and we will do everything that we can to keep your information safe and secure. If you have any questions, or would like a more detailed explanation of this form, please do not hesitate to ask any one of our staff members.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

- Treatment information only
- Financial information only
- Both treatment and financial information

Print: _____ Sign: _____ Date: _____

If you do not want us to discuss any of your information with anyone, please check this box, sign and date. Thank you.