



CONSENT

ACKNOWLEDGEMENT

Having read and understood the **PRIVACY STATEMENT FOR PATIENT**, I consent to the collections, use and disclosure of my personal information as presented in the **STATEMENT**, subject to the restrictions identified below.

No Restrictions _____

RESTRICTED ACCESS

My Personal information shall not be provided to the following individuals or organizations.

RESTRICTED INFORMATION

Personal information disclosed from the personal information collected, shall not include:

SIGNATURE: _____ **DATE:** _____

ELECTRONIC DENTAL CLAIMS SUBMISSIONS SIGNATURE ON FILE (CDAnet)

I authorized release, to my dental benefit plan administrator and the CDA, information contained in claims submitted electronically. I also authorized the communication of information related to the coverage of services described to the named dentist and assign benefits payable to the named dentist.

This authorization shall continue in effect until the undersigned revokes the same.

SIGNATURE OF PATIENT, PARENT OR GUARDIAN: _____

DATE: _____