

**JACARANDA SQUARE DENTISTRY – DR. B. LINDA ONGLEY D.M.D**  
**1945 N. Pine Island Rd, Plantation FL 33322 954-473-9161**

**Consent for Purposes of Treatment, Payment and Healthcare Options**

I, consent to the use or disclosure of my protected health information by Dr. B. Linda Ongley D.M.D for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bill or to conduct health care operations Dr. B. Linda Ongley, D.M.D. I understand that my diagnosis or treatment by Dr. B. Linda Ongley, D.M.D. may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Dr. B. Linda Ongley, D.M.D. is not required to agree to the restrictions that I may request. However, if Dr. B. Linda Ongley, D.M.D agrees to a restriction that I request, the restriction is binding on Dr. B. Linda Ongley, D.M.D. I have the right to revoke this consent in writing, at any time, except to the extent that Dr. B. Linda Ongley, D.M.D has taken action in reliance of this consent.

My 'protected health information' means health information, including my demographic information, collected from me and created or received from my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Dr. B. Linda Ongley's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Dr. B. Linda Ongley, D.M.D. The Notice of Privacy Practices for Dr. B. Linda Ongley, D.M.D is also posted in the lobby. The Notice of Privacy Practices also describes my rights and the duties of Dr. B. Linda Ongley, D.M.D with respect to my protected health information.

Dr. B. Linda Ongley, D.M.D reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices at [www.browardfamilydentist.com](http://www.browardfamilydentist.com) or by calling the office and requesting that a copy be mailed or given to me at the time of my next appointment.

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**Signature of Patient / Personal Representative**

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**PRINT PATIENT NAME**

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**DATE**