Eva M. Pleta, D.D.S.
8308-C Old Courthouse Rd.
Vienna, VA 22182
(703) 893-1100

NOTICE OF PRIVACY PRACTICES

I give this practice my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from my insurance companies, and for health care operations like quality reviews.

I have been informed that I may review the practice's Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this consent.

I understand that this practice has the right to change their privacy practices and that I may obtain any revised notices at the practice.

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Patient Name: ____

Signature: ______________________________________*Date:* ______________
Patient, parent, or legal guardian