



# Jason Pavlik, D.M.D., C.A.G.S.

5010 Newberry Road. Suite B, Gainesville, FL 32607

Phone: (352) 376-5055 • Fax: (352) 376-5054

## PAVLIK ORTHODONTICS

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Privacy Notice

In accordance with the Health Insurance Portability and Accountability Act, patients of Pavlik Orthodontics are entitled to and afforded the rights to privacy regarding their health related information as set forth under applicable law. Pavlik Orthodontics will strive to ensure that patient information is used only for the purposes authorized by the patient and as otherwise required by law. Upon request we can provide you with a complete copy of our Privacy Policies.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Release

I, \_\_\_\_\_ (please print) hereby authorize Pavlik Orthodontics to release any or all patient health information regarding myself or my child to the person(s) listed below. (Example: A relative or someone other than legal guardian may accompany your child on a future appointment. Someone who may be involved in billing)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name _____	Relationship to Patient _____	Ph (____) _____
Name _____	Relationship to Patient _____	Ph (____) _____
Name _____	Relationship to Patient _____	Ph (____) _____
Name _____	Relationship to Patient _____	Ph (____) _____

### Insurance Assignment

I authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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