Janet Youn, DDS, P.C. 30 E. 60<sup>th</sup> St. Suite 801 New York, NY 10022 W: (212) 317-9820 FAX: (212) 573-8727 Dr. Youn and her staff are always ensuring your privacy. In an effort to continue securing your privacy, this office has now instituted an additional policy to safe guard your information even further.

With an ever increasing level of identity theft, our office wishes to continue offering different payment options, including payments over the telephone; however, we can not offer that option any longer unless we have your written permission. <u>PLEASE NOTE THAT OUR OFFICE HAS NEVER BEEN</u> <u>INVOLVED IN ANY PRIVACY VIOLATIONS, INCLUDING IDENTITY THEFTS.</u> This policy just protects you and the office from any violators.

As always, credit card numbers are placed in a secure area and no one has access other than Dr. Youn. Charges to the credit card will only be made when agreed upon, on the day of the charges. If you wish to keep a credit card on file with our office, you will have to complete an additional form allowing us to keep that information.

Thank you for your cooperation.

Dr. Youn

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Janet Youn, DDS, P.C. permission to keep my credit card information on file. I understand that if there are any changes to the credit card information (i.e. – expiration date), that it is my responsibility to notify the office.

Print Name

Date

Patient signature

MAKE ONE TIME PAYMENT WITH THIS CREDIT CARD Yes No (circle one)

MAKE ALL OF MY FUTURE PAYMENTS WITH THIS CREDIT CARD (You will be notified of the charges beforehand) Yes No (circle one)

Type of credit card (VISA, AMEX, MC): Name as it appears on the credit card: Credit card number: Expiration date: Security number on the back side of the credit card: