



Insight • Diligence • Assurance.

Tel: (201) 503-3742

Fax: (855) 440-8624

Email: [hello@hiltzandassociates.com](mailto:hello@hiltzandassociates.com)

Web: [www.hiltzandassociates.com](http://www.hiltzandassociates.com)

Blog: [www.dentalfraudbusters.com](http://www.dentalfraudbusters.com)

**To: Dental Practice Owner**

**Subject: Consent for an Employee to join Dental FraudBusters Group on Facebook.**

My name is William Hiltz, and my company (Hiltz & Associates) specializes in embezzlement investigations, digital forensics and litigation support for dentists and dental specialists.

In addition to the services provided by my company, I manage a private Facebook group called "Dental FraudBusters".

**Private Facebook Group:** [www.facebook.com/groups/dentalfraudbusters](http://www.facebook.com/groups/dentalfraudbusters)

Membership in the Dental FraudBusters Facebook is intended for dentists, practice owners, full time dental consultants, CPAs, and Attorneys.

Employees of a dental practice are not permitted to join, however an exception may be granted with written consent of the practice owner.

**An employee of your dental practice has asked to join our private Facebook group on an exemption basis. Please see the attached consent form.**

Sincerely,

HILTZ & ASSOCIATES

William Hiltz BSc MBA CET

CEO

Curator, Dental FraudBusters

Office: 201-503-3742

Cell: 201-467-4987

Fax: 855-440-8624

**CONSENT FOR EMPLOYEE TO JOIN  
PRIVATE DENTAL FRAUDBUSTERS FACEBOOK GROUP**

**INSTRUCTIONS:**

Employer, please complete the attached form and send:

By email: [hello@hiltzandassociates.com](mailto:hello@hiltzandassociates.com)

By fax: (855) 440-8624.

I understand that membership in the private Dental FraudBusters Facebook group is restricted to dentists and practice owners, and that employees are only permitted to join this group with the express consent of their employer.

Facebook Group: [www.facebook.com/groups/dentalfraudbusters](http://www.facebook.com/groups/dentalfraudbusters)

I understand that discussions in this group include dissemination of embezzlement schemes used by dental office employees to steal from their employer.

By signing this form, I consent to my employee joining the private Dental FraudBusters Facebook group.

Furthermore, I release Hiltz and Associates and its authorized agents from any and all actions, claims, demands for damages, liabilities and loss or injury howsoever arising which may hereafter be sustained by permitting my employee to join Dental FraudBusters.

Employee Name: \_\_\_\_\_

Authorizing Signature\*: \_\_\_\_\_

Print Authorizing Name: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Phone\*: \_\_\_\_\_

\* if required for verification purposes, Hiltz & Associates may contact me by calling the practice phone number provided.