

Print Patient Name _____ Date _____

Authorization and Release

NOTICE OF PRIVACY PRACTICES AND DENTAL MATERIALS FACTS SHEET: Patient privacy is important to our practice. We are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI and to provide a Dental Materials Fact Sheet. I allow release of pertinent medical records to my insurance company (if applicable) and my other medical providers.

Patient Communications

PATIENT COMMUNICATION POLICY: It is important to note that standard email and text communication is not always secure. Our Practice will never ask for account information, credit card numbers, or personal information via email or text message.

EMAIL APPOINTMENT CONFIRMATIONS: If you would like to receive appointment confirmations by email, please provide us with your email _____. We will not spam your account with unnecessary emails nor will we sell your information to a third party.

TEXT APPOINTMENT CONFIRMATIONS: If you would like to receive appointment confirmations by text message, please provide us with your cell phone number _____. By providing your cell phone number you are authorizing our office to send text message appointment reminders to you. You also agree that all individuals associated with your account may receive text message reminders as well. Text message charges from your cell phone provider may apply. By choosing this action you are legally responsible, are at least 18 years of age, and agree to all terms and conditions of use for the text message services.

EMAIL TO OTHER DOCTORS/SPECIALISTS: Upon written request from you, we may release x-rays and treatment information to other practices and/or specialists on your behalf. Please sign here if you agree to allow us to email your x-rays and treatment information to other practices or specialists on your behalf. _____.

I acknowledge that I have read this statement and agree to the contents.

Patient Signature _____ Date _____