

NOTICE OF PRIVACY PRACTICES / ACKNOWLEDGEMENT

We keep a record of the health care services we provide for you. You may ask to see and copy that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting us.

Our **Notice of Private Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Private Practices

AUTHORIZATION FOR APPOINTMENT CONFIRMATION

As a courtesy to our patients, we often will give a variety of appointment reminders. Some of those reminders may generally include, but are not limited to, appointment post-cards sent through the mail, messages left with roommates/family members, and voicemail messages or e-mail. Usually within these reminders a certain amount of specific and detail information, consisting of the patient’s appointment time and date, or need for an appointment may be included.

By my signature below, I authorize the office of Spencer Family Dental and its staff to confirm my appointments and remind me of the need for an appointment in the above mentioned ways, for the duration of the treatment in that office.

Additional Disclosure Authority

May we discuss your treatment and billing information with:

- Yes No Entire immediate family
- Yes No Spouse only
- Yes No Other _____

_____ Date

Print Patient Name

_____ Date

Patient Signature/Parent of Guardian (if patient is a minor)

THIS FORM WILL BE RETAINED IN YOUR DENTAL RECORD