

Mark T. Bentley DDS, Inc.

HIPAA Notice, Authorizations and Appointment Confirmations

Acknowledgement of Receipt of Privacy Practices

****You May Refuse To Sign This Acknowledgement****

I, (Please Print Patients Full Name) _____ have received a copy of this office's Notice of Privacy Practices (available in our office or on our website on the New Patients page).

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

(Date)

(Please see your copy of the Notice of Privacy Practices)

HIPAA AUTHORIZATION

I give my permission for this office to discuss my medical/dental/financial information with the following person(s). **This is optional, if there is someone you would like to include, please list below and sign.**

_____ relationship _____

_____ relationship _____

I understand that my private health information may be used to refer to another Dental Office or medical facility.

SIGNATURE OF RESPONSIBLE PARTY

DATE

CONFIRMATION PERMISSION

Our office does like to confirm your reserved time prior to your appointment day. We may occasionally need to leave a message on your answering machine or leave a message with a family member for you to call our office. **Please indicate your preference by signing below.**

It is **okay** for your office to leave messages at my home.

SIGNATURE OF RESPONSIBLE PARTY

DATE

It is **not okay** for your office to leave messages at my home.

SIGNATURE OF RESPONSIBLE PARTY

DATE

If we are not able to leave a message at your home, is there another number you would like for us to call?
