



Family Orthodontics & Cosmetic Dentistry

PATIENT PRIVACY CONSENT

By signing below, I acknowledge that I have received the Notice of Privacy Practices from this practice. I understand that routine protocol in the office includes that confirmation messages may be left on answering machines, voice mail, or with another individual answering the telephone regarding appointments if the patient is not available.

I understand that postcards may be used to remind patients of future appointments or need for them. The office may remind patients to take medications prior to the appointment when leaving messages. The office may also use electronic mail (e-mail) to communicate with patients. I consent to your disclosures of my information, which you deem are necessary in connection with my treatment. I understand that such disclosures may not be of the type listed above.

1. I give my consent to Rancho Dental Practice to discuss any and all of my dental treatment to the following persons.

Name Relationship

Name Relationship

2. I consent to having a Rancho Dental Practice staff member to leave a message at:

Home #: _____ yes / no Work #: _____ yes / no

Cell #: _____ yes / no

Print Name Relationship to Patient

Patient Signature Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An Emergency situation prevented us from obtaining acknowledgement
- Other (specify) _____