

Privacy and Communication Consent

Patient Name: _____ Date of Birth: _____

Initial Below

I _____ Do Agree I _____ Do not Agree

That the dental practice may communicate with me electronically at the email address and/or mobile phone number listed below. I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I am aware the message sent my consists of appointment reminders, recall visits, information request, and patient satisfaction or reviews. I further agree that I am responsible for providing the dental practice any updates to my email address and / or mobile phone number. My most preferred method of electronic communication:

Initial Below

_____ Text messaging

_____ Email Address I would like to receive correspondence at: _____

I can withdraw my consent to electronic communication at any time by calling:

xrays@Whitesandsfamilydental.com Or 575-434-1186. Thank you

Patient Signature: _____ **Date:** _____

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

****You may refuse to sign this acknowledgment****

I _____ have received a copy of this office's Notice of Privacy Practices.

Sign: _____ **Date:** _____

Authorization to Release information

Purpose: This form is used to obtain authorization to release information regarding you covered under the Privacy Act of people other than yourself.

I, _____ authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

{Please Print Name and Relationship }

{Please Print Name and Relationship }

{Please Print Name and Relationship }

Office Use: We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because: 1. Individual refused to sign 2. Communication barriers prohibited obtaining information 3. an emergency prevented acknowledgment 4. Other _____