

UNION HILLS
FAMILY DENTAL CARE
& ORTHODONTICS

Patient Communication Disclosure

Please initial by each form of communication by which we can contact the patient.

_____ The practice may call my home at the following telephone number and leave the appointment date and time on my telephone answering machine, voicemail or with whomever answers my telephone if I am not available. I understand that other individuals may have access to the information left by this method. I understand that no other information will be provided in granting permission to leave the date and time.

Telephone Number on which messages can be left: _____

_____ The practice may e-mail my home or other e-mail address any information that will assist the practice and the dentist with the treatment, payment and dental related issues for the patient. This can include appointment reminders, statements, insurance information and any other information relating to my dental care.

E-mail Address to which information can be sent: _____

_____ The practice may send a text message to my cellular telephone regarding appointment reminders, cancellations or time changes. This form of communication will be for the use of the appointment desk and not private or clinical information.

Cell Phone to which information may be text:: _____

I further understand I have the right to a written request to restrict how the practice may use or disclose my protected health information to complete treatment, payment and dental related issues. I further understand that I may revoke this authorization at any time and I can change the way in which I am contacted. I have read, agree and give my consent to the practice to communicate with me in the above method(s).

Patient/Legal Guardian Signature

Date (MM/DD/YYYY)