

HIPAA PRIVACY FORM

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 acknowledgement.

****You may refuse to sign this acknowledgement****

I, _____, have received a copy OR read the explanation of this office's Notice of Privacy Practices.

I acknowledge and allow Mount Auburn Dental to share my information with the following people besides those already stated within the Notice of Privacy Practices.

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

No information is to be released to anyone. (This would include dental claims)

Telephone Messages:

The best time to reach me personally is (day) _____ between (time) _____

Please call: my home phone my work number my cell number

If unable to reach me:

you may leave a detailed message please leave me a message asking for a return call

*If you require pre-medication before your dental appointment may we remind you if leaving a message? Y N

Agreement to Receive Electronic Communication

I agree that Mount Auburn Dental may communicate with me electronically at the email address below, including text messages to my cell phone number.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails or text messages.

I am responsible for providing Mount Auburn Dental any updates to my email address and cell phone number.

Email Address (PLEASE PRINT CLEARLY):

_____ @ _____

I can withdraw my consent to electronic communications by calling 207-782-3971 and ask the business team to discontinue this type of communication immediately.

I prefer not to have electronic communications

May we use your kind survey comments/photo in our advertising efforts? __Y__N Can we use your name? __Y__N

Patient Signature: _____ Date: _____

This **Release of Information** will remain in effect for one year or until terminated by me in writing.