

Patient Name: _____

Date: _____

ACKNOWLEDGEMENT OF PRIVACY

Tele: (540) 775-5774

Fax: (540) 775-6538

Email: drwendy@wendymooredds.com

My signature below confirms that I have been informed of my rights to privacy regarding my protected personal and health information, under the Health Insurance Portability & Accountability Act of 2015 (HIPAA). I understand the terms in which my personal health and identification information may be used.

I have been informed of my dental provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of the *Notice of Privacy Practices*. I understand that my dental provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Print Name: _____

Patient/Guardian Signature: _____ **Date:** _____

Relationship to Patient: SELF PARENT GUARDIAN OTHER (PLEASE EXPLAIN): _____

I give permission for the following communications to be used by Dr. Wendy M. Moore, DDS:

- Cell phone: Text Message reminders permitted
- Home phone Work E-Mail: _____

I grant permission for Dr. Wendy M. Moore, DDS to leave a message pertaining to upcoming appointments and/or patient to call our office on my:

- Home phone Work Phone
- Cell Phone With any person who may answer when calling the home or cell phone
- None of the above (Please explain) _____

I would like the following person(s) to have access to my personal information including but not limited to appointments, treatment, and billing of myself and any dependent children listed above:

_____	_____
_____	_____
_____	_____

Is there anyone you do not want us to speak to concerning your dental health?

_____	_____
_____	_____
_____	_____