

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES/USE AND DISCLOSURE FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. We provide this form to comply with the Health Insurance Portability and Accountability Act (HIPAA). Please review the Notice of Privacy Practices thoroughly before signing this acknowledgement form. If terms of our Notice change, a revised copy will be made available to you.

By signing this form, you acknowledge that our practice may use and disclose PHI about you for treatment, payment and healthcare operations. You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or healthcare operations.

Signature of Patient or Legal Representative Date

Printed Name of Patient Date

We cannot discuss your health information with anyone other than yourself unless you provide consent for us to do so. Please list below names of individuals you authorize our office to discuss your healthcare record(s) with.

I give the office of Mary Cresseveur-Reed, DDS, FAGD to share my health information with:

Name: _____ Relationship: _____
Date: _____

Name: _____ Relationship: _____
Date: _____

Consent to text message or email for appointment reminders and other healthcare communication:

- Initial _____ The **cell phone number I authorize** to receive information is _____
- Initial _____ The **email address I authorize** to receive information is _____

OR

- Initial _____ I **decline** to receive communications via text messages.

- Initial _____ I **decline** to receive communications via emails.

By approving, I acknowledge and grant permission for the office of Mary Cresseveur-Reed, DDS, FAGD to contact me via text messaging and/or email to remind me of an appointment, provide health reminders, information or general correspondence. I understand that once I have consented to receive such communications I still have the right to revoke that consent via my Patient Portal, where I have 24/7 access and the ability to opt-out of any and all reminders that I no longer wish to receive.

This form does not constitute legal advice and covers only federal, not state, law.