ADAMS DENTAL GROUP

Acknowledgement of receipt of Notice of Privacy Practices

I_________________________________have had the opportunity to receive a copy of Adams Dental Group's Notice of Privacy Practices outlining HIPAA guidelines.

(**PLEASE PRINT)**

X____ Dated: ______________

Signature of patient-or- parent if patient is a minor

The following person (s) has my permission to share in my personal account and health information:

Name: ______________________________________ **Name:** ______________________________________

Acknowledgement of Appointment Reminders/Correspondence:

We are happy to offer the service of sending you appointment confirmations via email and text message. Please make sure we have your correct email and cell phone number below so you can enjoy the benefits of this service.

Cell Phone#:_____________________________________ (to receive Appt. reminders)

Email: ____ (to receive Appt. reminders)

If requested by patient: Any correspondences regarding treatment, statements and or any records can be emailed to the above address

Adams Dental Group Scheduling Policies:

Please note: As a patient, I am responsible for understanding my insurance policy and its applicable dental benefits. I agree that payments/co-shares are due on the date that services are provided and that all Insurance estimates are only estimates and not a guarantee of payment by my insurance company.

Patient Initials: _________

Cancellation Policy: Kindly give **24-hour notice**, not including weekends, when rescheduling or cancelling your dental appointments. Same day cancellations may result in a **$25.00 for hygiene appointments** and **$50.00 for doctor appointments**. Failure to sign here does not mean the failed appointment policy will not apply. I understand repeatedly missing appointments may result in dismissal from practice.

Patient initials: ________

***Please Note*We do not recommend sending patient information in an unencrypted email and or fax, because third parties may be able to access the information.**