

**NOTICE OF PRIVACY PRACTICES/ACKNOWLEDGEMENT**

We keep record of the health care services we provide for you. You may ask to see and copy that records. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your records or get more information about it by contacting us.

Our **Notice of Private Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

**By my signature below I Acknowledge receipt of the Notice of Private Practices**

**AUTHORIZATION FOR APPOINTMENT CONFIRMATION**

As a courtesy to our patients, we often will give a variety of appointment reminders. Some of those reminders may generally include, but are not limited to, appointment post card sent through mail, messages left with roommates/family members, and voicemail messages or e-mail. Usually within these reminders a certain amount of specific and detail information, consisting of the patient’s appointment time and date, or need for an appointment may be included.

**By my signature below, I authorize the office of Bell Family Dental and its staff to confirm my appointments and remind me of the need for an appointment in the above-mentioned ways, for the duration of the treatment in that office.**

**Additional Disclosure Authority**

May we discuss your treatment and billing information with:

- Yes            No            Entire immediate family
- Yes            No            Spouse only
- Yes            No            Other \_\_\_\_\_

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian Signature (if patient is a minor)

\_\_\_\_\_  
Date