

Acknowledgement of Receipt of HIPAA & Electronic Communication Policies and Procedures

Fielder Park Dental

I give permission to the doctors or auxiliaries to use photographs, radiographs, and / or other diagnostic materials and treatment records for the purposes of teaching, research or scientific publications, advertising and social media.

A copy of our dental practice's privacy, security and breach notification policies and procedures are located on the wall across from the front desk or online at www.fielderparkdental.com.

I understand that I should ask our dental practice's Privacy Officer, Chari Brezel, if I have any questions about these policies and procedures.

I HAVE GIVEN PERMISSION FOR THE MEMBERS OF FIELDER PARK DENTAL TO DISCUSS ANY MEDICAL/ DENTAL CONCERNS INCLUDING MEDICATIONS, TREATMENT, FINANCIAL OR APPOINTMENT DETAILS TO THE FOLLOWING:

Name: _____ Relationship _____

Name: _____ Relationship _____

List Your Email Address: _____ (Notify the office with any changes)

I acknowledge that the practice may send the following to my email address listed above.

Please Initial _____ Information about my invoice or any account payable

Please Initial _____ Information about any dental visits

All electronic communication from our practice will be encrypted (secure)

By receiving our communication you have agreed to store the information securely away from public use

Print Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Note: *If no one is listed we can only assume you do not give your permission to speak to anyone other than yourself regarding your medical/dental health or concerns.*