

PF-2000 Acknowledgement of Receipt of Notice of Patient Privacy

Our Practice Reserves the right to modify the Privacy Practices outlined in the notice.

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of your Notice of Privacy Practices.

Signature(s)

Name of Patient (Please Print)

If representative, print name/relationship to patient.

Preferred/Secured Phone Options: May We leave a message/text? Yes ☐ No ☐

If yes, please provide a phone number in which we may leave a message on your voicemail.

☐ Home

☐ Cell

☐ Work

Phone # _____

Type of information Authorized: (Please check ALL that apply)

☐ Health ☐ Financial ☐ Insurance ☐ Appointment Information ☐ ALL

☐ I do not wish to provide a secure phone number.

Authorized Email Address/Text: to Facilitate communication between **Mesa Dental (James S. Brodfuehrer, DDS)**. The email communication will be through secure, encrypted messaging. It may be used to contact me for future appointment reminders. Unless I inform **Mesa Dental (James S Brodfuehrer DDS)** that my email address has been changed, **Mesa Dental (James S Brodfuehrer DDS)**. Has my permission to use the email address below and text my cell phone number, **Mesa Dental (James S. Brodfuehrer, DDS)**. Will not share this address with any other entity or cell phone number information.

Email Address (Please print clearly): _____

Expanded Medical Release Option:

Date: _____

Please list any person(s) you would like to authorize to have access to your billing, appointments, or health information (**Such as Spouse, Parents, Family members, And/ or Friends**)

Name

Relationship

****With the exclusion of information that is protected under State or Federal Law****

Signature of Patient/Patient Representative

Relationship of Patient Representative

Please Note: State Federal Law Provides Additional protection for minors and restricts the release of certain patient information to anyone other than the minor.

