

# Modern Dental Concepts

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## HIPAA RELEASE

Patient Name: \_\_\_\_\_

Can a message be left on your answering machine/voicemail?  Yes  No

Would you like to receive appointment reminders by email?  Yes  No

Would you like to receive appointment reminders by text?  Yes  No

Information about my treatment at Modern Dental Concepts can be given to the following people (do not include physicians):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(IF MINOR) Parent/Guardian Name: \_\_\_\_\_

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY

The office Privacy Policy is posted in the lobby for your viewing convenience. If you would like this notice printed, please inform the front desk & a copy will be given to you.

I have viewed/received a copy of this office's Notice of Privacy Practices. I hereby authorize, as indicated by my signature below, Modern Dental Concepts, Inc. to use and disclose my protected health information for any necessary clinical, financial, and insurance purpose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(IF MINOR) Parent/Guardian Name: \_\_\_\_\_

### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_

Staff personal initials: \_\_\_\_\_