

Acre Wood Dental

**Guide to Patient Privacy
Effective 10/01/2003**

In December 2000, the United States Department of Human Service issued and modified (August 2002) comprehensive privacy regulations governing patient care. Under these rules, dentists may “use” and “disclose” a patient’s “protected, health information” (names, dates, phone/fax number, e-mail addresses, home addresses, social security numbers and demographic date) only as the patient permits or as allowed under the privacy rules.

The ruling allows that health care practitioners “use” and “disclose” the protected health information for purpose of their own treatment, payment activities, and “health care operations” without consent. In this office, health care operations include our patient arrival/check-in system, discussing your or your child’s health concerns with other dental or medical professionals in a private or academic setting or with dental laboratories, this also includes phoning your home/office for appointment reminders and professionally discussing anything from tooth brushing to jaw surgery in our treatment bay. With your verbal permission, we may send information to you regarding your/ your child’s dental treatment through relatives/friends.

Because our office is not a large clinic or hospital setting, we are required to inform you that all staff members will have access to our chart information. All staff members have been informed to keep this information secure as per regulation.

I have read the above and all questions have been answered to my satisfaction.

Form Completed by:

Printed Name _____ Date _____

Signature _____ Staff Initials _____
(Patient or parent/guardian of minor)

Policy

Photo Release Policy _____(Initial) I grant Acre Wood Dental and the staff the unrestricted right to use and publish photographs of me, or in which I may be included for advertising or any other purpose in any manner or medium, and to alter the same without restriction. I hereby release photographer from all claims and liability relating to photographs.

Email/Text Consent Policy _____(Initial) I consent to receive future email or text communications from Acre Wood Dental. This might be to (but not limited to) communicate any upcoming appointments, confirming appointments, eNewsletters, ecards, special offers and/or bills or new patient paperwork through email. I understand that they will not sell my information to any third party company or list. I will have the ability to opt out anytime.

MISSED APPOINTMENT POLICY _____ (Initial) We require at least 48-hour notice if an appointment cancellation is required. Less than 48-hour cancellation notice will result in a \$50.00 charge. Multiple missed appointments will result in a non-refundable deposit fee of \$50.00, which can be applied to needed dental work.

CONFIRMATION POLICY _____ (Initial) You will receive a telephone call, text, or email from our office reminding you of your appointment two days ahead of time. If we speak with you or if you confirm via text/email, your appointment is considered confirmed. If a message is left on a machine or with a person other than you, we MUST receive a confirmation from YOU. Your appointment time is reserved only for you. If we do not hear from you, your appointment may be canceled and considered a missed appointment.

Printed Name _____ Date _____

Signature _____ Date _____