

HIPAA
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I,(your name) _____, have received a copy of this
office's notice of privacy practices.

Please Print Name

Signature

Date

APPOINTMENT POLICY

It is important to understand that when you make an appointment you have hired one doctor or hygienist, a receptionist and a dental assistant. When a patient misses an appointment, they often think "it's okay" because the doctor has other patients he can see. That is not true. There are three things that happen when you miss an appointment:

1. Your treatment will be delayed, which in some cases can further complicate the condition.
2. The doctor and staff have to wait for the next scheduled patient to arrive before they can resume work.
3. Another patient who needed treatment could not be seen because we did not have enough time to make appointment arrangements.

Because of the above reasons, we REQUIRE 24 hour notice for schedule changes. To help defray the cost of lost appointment time, there is a \$50.00 charge for broken appointments.

I have read and understand the office appointment policy

Signature _____

Date _____