

## Consent to be Contacted

By signing below, I understand and agree to be contacted by the members of the staff at The Art of Dentistry and Spa via telephone, email, text message or mail. I consent that the information listed for contact reference will be used to communicate for future purposes.

I understand that I may opt out of receiving text messages through the automatic confirmation system. This declaration is an approval to be notified for all appointment reminders, requests, time changes, cancellations, financials, etc.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## Acknowledgement of HIPPA

I \_\_\_\_\_ have received a copy of The Art of Dentistry LLC's notice of privacy practices.

**Print Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\*You may refuse to sign this acknowledgement

### **FOR OFFICE USE ONLY**

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (specified below)