



CATLETT
FAMILY DENTISTRY

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA POLICIES AND PROCEDURES

- By initialing here, I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care. _____
- By initialing here, I consent for my clinical photos, x-rays, and notes to be discussed with a consulting Doctor. _____
- By initialing here, I consent for any photographs taken by Catlett Family Dentistry to be used for marketing and on social media. _____
- Messages regarding information related to my care may be left on my:

____ Cell Phone ____ Home Phone ____ Work Phone ____ E-mail

- I hereby authorize Catlett Family Dentistry to release my personal and confidential information, to include but not limited to, appointment information, account information, and treatment to the following person/establishment:

- The following people are allowed to bring my child/children to be seen here at Catlett Family Dentistry. This will authorize the following people to make all medical decisions on the parent(s) behalf.

- I have received and reviewed a copy of our dental practice's privacy security and breach notification policies and procedures.
- I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Print Name: _____

Signature: _____

Date: _____