



# SOUTH MOUNTAIN FAMILY DENTISTRY

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## NOTICE OF PRIVACY PRACTICES

Your Privacy is very important to us here at South Mountain Family Dentistry.

We promise to take every precaution to protect your rights to having your healthcare information secure. Our formal notice of privacy practices is provided to you upon check in. You can read this while waiting for your visit. You are also entitled to a copy of our Notice of Privacy Practices, which will be located at the reception area.

**We also need to ask our patients** how they wish to be notified about future appointments at least 48 hours in advance. If we are unable to contact you, we leave a message on your answering machine, with a family member, or co-worker.

**Please answer the following so that we may comply with your wishes concerning appointment information.**

**South Mountain Family Dentistry may call my home/workplace/cell to confirm future appointments and may leave a message on my home answering machine or voicemail.**

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

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

## Authorization to Release Information

**Purpose:** This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself.

I, \_\_\_\_\_, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

{Please Print Name} Relationship: \_\_\_\_\_/\_\_\_\_\_

{Please Print Name} Relationship: \_\_\_\_\_/\_\_\_\_\_

{Please Print Name} Relationship: \_\_\_\_\_/\_\_\_\_\_

### 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) \_\_\_\_\_