



## **Request for Communications and Acknowledgement of Receipt**

Patient's Name: \_\_\_\_\_

Patient's Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please Initial:

\_\_\_\_\_ This allows us to communicate with specialists regarding your treatment.

Example: x-rays/referral form/pictures/clinical information

\_\_\_\_\_ Authorization to send email/texts for appointment reminders and general communication regarding treatment

\_\_\_\_\_ Allowing our practice to leave messages, identifying our practice with a call-back number either at work or home. Example: We are calling from the office of Dr. McLaughlin's to confirm an appointment.

\_\_\_\_\_ Allowing our office to send requested x-rays and pertinent information to your insurance company when requested by them.

\_\_\_\_\_ Authorizing El Paso Quality Dentistry to use and display photographs in any publication, multimedia production, advertisement or World-wide Web publication for editorial trade, advertising and any other purpose.

I have received this practice's Notice of Privacy Practices. I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information. This information will be used to carry out treatment and payment activities for health care operations.

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

If a person representative on behalf of the patient signs this Consent, please complete the following:

Personal Representative's Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**Complaints or Comments please contact Office Administrator/HIPPA Officer: Neomi Herrera**

### For Our Office Use Only

Our office attempted to obtain written acknowledgement of receipt of our Notice of our Privacy Practices, but acknowledgement could not be obtained for the following reason:

- \_\_\_\_\_ Patient refused to sign
- \_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement
- \_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement
- \_\_\_\_\_ Other (Describe below)