HIPPA compliance Patient Consent Form

Do you consent to The Smile Center discussing your treatment, account ledger, insurance, and/or any pertinent dental information with any member of your family? **YES NO**

If YES, please name the members allowed:

May we phone, email, or send texts to confirm appointments? **YES NO**

May we leave messages on your answering machine at home or on your cell phone? **YES NO**

This consent was signed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

This consent will stay in affect until a written notice is provided by the above patient.