IvyRose Family Dentistry PA
2170 Matlock Rd Ste100 | Mansfield, TX 76063 | (682) 518-5655
2131 N.Collins St Ste 415 | Arlington, TX 76011 | (817) 801-1382

Patient Privacy Directive

In our effort to comply with the Health Insurance Portability and Accountability Act (HIPAA), we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends, and co-workers. List the names of the people that it is ok to discuss treatment with on the line provided.

Please circle your response to the following:

May we leave messages on a voice mail at home or on your cell phone to discuss appointments or treatments? **Yes No N/A**

May we leave messages with or discuss your appointments/treatment with your spouse or significate other?

_____**Yes No N/A**

Indicate with a check mark the best form of communication and email address or numbers where we may call/text you to talk to you or leave a voice messages:

Home_____ _____call to talk ___leave voice message

Cell _____ _____**call** to talk ____**text** ___leave voice message

Office _____ _____call to talk ___leave voice message

Email Address_____ _____ ___send messages

You must inform us, in writing, of any changes in your directives. This record takes effect upon signing and date of this form. It will be kept in your file along with your acknowledgement of receipt of your Notice of Privacy Practices.

Please remember to contact our office at least 24 hours prior to your appointment time. A fee of $50.00 will be assessed to your account for all appointments cancelled without the 24 hour notice.

I acknowledge I have received a copy of the "Notice of Privacy Practices"

Signature:_____ Date:_____

Printed Name:_____ Date of Birth:_____

Relationship to Patient: _____