

Atkinson Dental Health Center
Robert J. Perreault, DDS & Andrew M. Reed, DMD
12 Main Street, Atkinson, NH 03811
(603) 362-8410

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(A complete copy of the entire document is always available to you at our Front Desk)

** You May Refuse To Sign This Acknowledgement**

I, _____ accept this office's Notice of Privacy Practices.

(Signature)

(Date)

May we call you at home regarding scheduling matters, etc.? ___ yes ___ no
May we call you at work regarding scheduling matters, etc.? ___ yes ___ no
May we call your cell phone to confirm appointments? ___ yes ___ no
May we send you a text message to confirm appointments? ___ yes ___ no
May we send you an email to confirm appointments? ___ yes ___ no

_____ home phone number

_____ cell phone number

_____ work phone number

_____ email address

CONSENT TO DISCLOSE HEALTH INFORMATION

CONSENT TO SHARE MY PERSONAL HEALTH INFORMATION (age 18 and over)

I consent to the use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations. You may speak with the following people regarding my dental services, payments, account and insurance information:

Name	Relationship	Date
_____	_____	_____
Name	Relationship	Date

I understand that this consent to disclose may be revoked by me at any time by giving written notice of revocation to this office.