



BLAIR FAMILY DENTAL, S.C.

DONALD S. BLAIR, DDS

SINCE 1983

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Patient's Full Legal Name: _____

Today's Date: _____

My signature on this form acknowledges that I have received a copy of Blair Family Dental, S.C. Notices of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be disclosed by Blair Family Dental, S.C. and of my rights to my health information.

I have been provided the opportunity to discuss any concerns I may have regarding the privacy of my health information.

Yes

No

I hereby give my permission to the office of Blair Family Dental, S.C. to leave messages regarding my dental matters on my answering machine and or voice mail at this telephone number if I am not available at the time of return call.

Telephone Number: (____) _____ - _____

Telephone Type: _____

Yes

No

I hereby give my permission to the office of Blair Family Dental, S.C. to send me SMS Messages (commonly known as "text messages") regarding my dental matters at this telephone number.

Telephone Number: (____) _____ - _____

Yes

No

I hereby give permission to Blair Family Dental, S.C. to convey dental information and health information regarding my dental health condition to my spouse, significant other, close family member or friend, as noted below.

1. Name: _____

Relationship: _____

Telephone Number: _____

Telephone Type: _____

2. Name: _____

Relationship: _____

Telephone Number: _____

Telephone Type: _____

3. Name: _____

Relationship: _____

Telephone Number: _____

Telephone Type: _____

4. Name: _____

Relationship: _____

Telephone Number: _____

Telephone Type: _____

Patient's Signature (Or Parent or Legal Guardian)

Date

Signature of Patient's Representative (If Patient Is Unable to Sign)

Date