Notice of Privacy Practices – Acknowledgment

McMinnville Family Dental
325 NE 6th Street • McMinnville, OR 97128

Your Privacy Rights

Our office maintains a full Notice of Privacy Practices (NPP) that explains how your protected health information may be used and disclosed and describes your rights under HIPAA.

You are not required to review the full Notice today; however, it is available to you at any time upon request.

Communication Preferences

May we leave detailed voicemail messages regarding your care or appointments?
___ Yes ___ No

May we send text messages regarding appointments and practice communications?
___ Yes ___ No
(I understand that text messaging may not be a secure form of communication.)

Phone # to be used for messages: _____

Persons Authorized for Communication

1. _____ Relationship: _____

2. _____ Relationship: _____

Acknowledgment

I acknowledge that I was informed that McMinnville Family Dental maintains a full Notice of Privacy Practices and that I may review it at any time upon request.

Printed Name of Patient: _____

Signature (Patient or Legal Representative): _____ Date: _____

Relationship to Patient (if applicable): _____