Smiles for the Future Pediatric Dentistry and Orthodontics

HOW DO YOU WISH FOR US TO CONTACT YOU AND PROVIDE COMMUNICATION?

We offer a complementary automated appointment reminder service. Please choose an option below.

Email: _____

Text Phone: _____

No Confirmation Requested_____

The Appointment Reminder System does not provide an automated phone call option.

Note: There is a $40 fee applied for missed appointments, if a 24 hour notice is not provided. This fee is applicable even if you do not receive a reminder since we are not responsible for your keeping appointments.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have been offered, received and/or reviewed a copy of this office's **Notice of Privacy Practices posted at the front desk**.

To protect the privacy of all of our patients, pictures and/or videos are NOT permitted to be taken in the clinical treatment areas.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) we are only able to disclose information to the patient, parents and person(s) assigned below. Any requests to disclose to unassigned persons will require additional handwritten authorization from the parent/guardian.

I therefore hereby authorize the doctors and staff of Smiles for the Future Pediatric Dentistry & Orthodontics to disclose information regarding **my child/children** to the following additional people: **(e.g. grandparents, step-parents, aunts, uncles, and domestic partners**)

_____ _____

Name of person(s) Relationship to patient

Thank you for assisting us in keeping your child's information protected.

_____

NAME OF PATIENT

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE