

## Acknowledgement of Receipt of Privacy Notice

I, \_\_\_\_\_, have  
Please Print Name  
received a copy of the Privacy Notice for this office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## How would you like us to communicate with you?

Our dental office sends appointment reminders, information about treatment, payment and insurance and other communications. Please tell us how you would like us to communicate with you.

Check and complete all that apply:

- Contact me by U.S. Mail
- Contact me by Email Address: \_\_\_\_\_
- Contact me by Text Message: \_\_\_\_\_
- Contact me by Phone: \_\_\_\_\_

### For Phone and Text Communications:

**This portion of the form is optional. You are not required to sign this section of the form, and you do not need to sign it to receive care in our dental office.**

- By checking this box, I consent to the following:** The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable or automatic dialing. The dental practice may:
  - Call me
  - Text me
  - Call me and text me

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please call the dental office right away if you get a new telephone number**