

HIPPA PATIENT CALLING INFORMATION

Name _____ Today's date _____

Is there anyone that you do NOT wish for us to share information with at your home?

Name _____

Name _____

Name _____

HOW MAY WE CONTACT YOU?

EMAIL _____

Home Phone Number _____

Appointment reminders: Leave message Yes No

Do not leave a message

Leave a brief message, return number

May leave a detailed message

Work Phone Number _____

Appointment reminders: Leave message Yes No

Do not leave a message

Leave a brief message, return number

May leave a detailed message

Cell Phone Number _____

Appointment reminders: Leave message Yes No

Do not leave a message

Leave a brief message, return number

May leave a detailed message

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ have been provided with a copy of Tolland Family Dentistry's Notice of Privacy Practices.

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

An emergency situation prevented us from obtaining acknowledgement

Other (please specify)