Acknowledgement of Receipt of HIPAA Privacy Policies and Procedures

You confirm you have received and reviewed a copy of "Dr. Julie Herndon, DDS"s health information privacy, security policies and procedures, and the "Dental Materials Fact Sheet" dated June 2004. Copies of these policies are also available on our website www.SaratogaDDS.com

You also agree that Dr. Julie Herndon's practice may communicate with you via email, US mail, cell phone, texts or other phone number that you provide. You understand that identifiable health information and other sensitive or confidential information may be contained in such communications and that they may be misdirected, disclosed to or intercepted by unauthorized third parties. The practice will use the minimum necessary amount of protected health information in any communication. Our first email to you will verify the email address you provide. You are responsible for providing the dental practice any updates to your email address or phone number. You also confirm that you are able to receive information electronically and store it securely away from any public computer or other device.

Please choose ONE from below:

☐ I consent to and accept the risk in receiving information regarding appointment information, insurance, financial information regarding my accounts, X-rays or medical information, and any dental appointments via email. I understand I can withdraw my consent at any time.

_____

Please Initial

My preferred email address: _____

☐ I do NOT consent to receiving any information via email. I understand that I can change my mind and provide consent later.

_____

Please Initial

You give us permission to leave messages at (Check all that apply):

☐ Cell phone ☐ Home phone ☐ Work phone ☐ Text

Your preferred method of contact is: _____

Print Name (printed): _____

Signature: _____ Date: _____