

Consent Form

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT/ LIMITED AUTHORIZATION & RELEASE FORM

You may refuse to sign this acknowledgement & authorization. In refusing we may not be allowed to process your insurance claims.

Date: _____

I hereby acknowledge that I have been given the right to review the office's Notice of Privacy (HIPAA). A copy of this notice can be viewed [HERE \(link to form on website\)](#)

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Frankenmuth Family Dental/ Hemlock Family Dental. A copy of this signed, dated document shall be as effective as the original. **MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO OTHER ATTENDING DOCTOR / FACILITIES IN THE FUTURE.**

Printed name of patient

Signature of patient / Guardian of patient

Legal representative / Guardian

Relationship to patient

Please list any other parties who are actively involved in your health care and who may have access to your health information: (This includes parents (if patient is over 18), step parents, grandparents, siblings, caretakers, or any others who may have access to this patient's record):

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Agreement to Receive Electronic Communication

I, _____ do / do not agree that Frankenmuth Family Dental/ Hemlock Family Dental may communicate with me electronically at the email address and/ or mobile phone number listed below.

Preferred method of electronic communication:

(Initial)

_____ Text messaging : (____) _____ - _____

_____ Email: _____

_____ Phone call: (____) _____ - _____

_____ All of the above

I would like to receive:

_____ Appointment reminders/ Recall visits

_____ Requests for Patient Satisfaction online reviews

_____ Information regarding insurance/ billing

_____ Products or Services

I can withdraw my consent to electronic communication at any time by contacting:

Frankenmuth Family Dental (989) 652-6196

frankenmuth@frankenmuthfamilydental.com

Hemlock Family Dental (989) 642-2750

hemlock@frankenmuthfamilydental.com

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/ or mobile phone number.