

METROPLEX ENDODONTICS & MICROSURGERY, P.A.

Privacy Form

In our efforts to comply with the Health Information Privacy Act, HIPAA, we need to inform you what our procedures are concerning pending appointments, post-op calls and recall visits.

- 1) We will attempt to confirm an appointment, on the business day that is just prior to a patient's scheduled visit, by placing a phone call. If we are not able to reach the patient directly, we will leave a message requesting a call back.
- 2) After a patient receives treatment, we place a courtesy call the following business day just as a means to find out how they are doing.
- 3) On occasions the attending physician may request recall visits. A postcard is mailed to the patient as a reminder.

By signing this form, you are acknowledging our procedures and providing your consent to receive the necessary phone calls, messages and postcards.

If you cannot be reached directly, may we discuss your appointments/post-op checkups with your spouse or partner?

Yes NO N/A

If you cannot be reached directly, and you are 18 years of age or older, may we discuss your appointments/post-op checkups with your parent(s) or guardian(s)?

Yes NO N/A

You must inform us in writing of any changes in your directives. This document will be kept in your file along with your acknowledgement of receipt of your Notice of Privacy Practices.

Signature of Patient, Parent/Guardian

Date