

Acknowledgement of Receipt of Notice of Privacy Practices

We must provide this Notice to each patient no later than the date of our first service delivery to the patient. We must also have the Notice available at the office for patients to request to take with them. Whenever we revise the Notice, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice.

We must make a good faith effort to obtain a written acknowledgement of receipt of this Notice from each individual with whom we have a direct treatment relationship and to whom we provide this Notice, except in emergency situations. If we do not obtain the acknowledgement, we must document our efforts and the reason we did not obtain the acknowledgement. The last page of the Notice is a written acknowledgement that each patient should sign. We should keep the acknowledgement in the patient's dental record.

I, _____, acknowledge that I have received a Notice of Privacy Practice from Tempe Dental Care.

Signature _____ Date _____

Missed Appointment Policy

Due to the high number of patients requiring dental care, waiting times for appointments can be long. Because of this, we enforce a missed appointment policy to ensure that other patients receive care in a timely manner.

Missed appointments and appointments cancelled without 24-hour notice are subject to a cancellation fee of \$25 per hour of the scheduled appointment time.

Signature _____ Date _____

Print Name _____