

**BAUER & HOWARD DENTAL CARE**

**HIPAA PRIVACY POLICY ACKNOWLEDGEMENT**

*\*You May Refuse to Sign This Acknowledgment*

**"I have read & understand this office's HIPAA Privacy Practice Policy"**

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

If under the age of 19:

Signature of Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

If over the age of 19:

Patient Signature: \_\_\_\_\_

I authorize Bauer & Howard Dental Care to discuss my dental work/needs with:

\_\_\_\_\_  
Name & Relationship

I authorize Bauer & Howard Dental Care to leave messages regarding my appointments at my place of employment: YES \_\_\_\_\_ NO \_\_\_\_\_

**"NO CAVITY" CLUB PHOTO CONSENT**

I \_\_\_\_\_, hereby authorize the office of Bauer and Howard Dental Care to take my child's photograph and post it on their website as part of their "No Cavity" Club. The child's first name only will appear on the website.

Child's Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPOINTMENT POLICY**

1. A "broken" or "failed" appointment is any scheduled appointment for which a patient does not arrive at OR does not notify Bauer and Howard Dental Care at **LEAST 24 HOURS** in advance to cancel.
2. As a courtesy to you, we will try to call one day in advance of your scheduled appointment time as a confirmation.
3. In the case of a "broken" appointment, it is up to Bauer & Howard Dental Care to decide if the patient can be rescheduled. When you reserve an appointment, you reserve our time, our facilities and our attention. We understand patients have changes in their schedules, illnesses and unforeseen circumstances that merit a "broken" appointment. We will handle each "broken" appointment on an individual basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_