

Hastings Family Dental

Dr. Chuck Bauer Dr. Allison Kern Dr. John Neuhaus

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 Hastings Family Dental to discuss my dental work/needs with:

Name & Relationship

I authorize Hastings Family Dental to leave messages regarding my appointments at my place of employment: Yes _____ No _____

"No Cavity" Club or Facebook Photo Consent

I _____, hereby authorize the office of Hastings Family Dental to take my child's photograph and post it on their website as part of their "No Cavity" club or on their facebook page. The child's first name only will appear on the website or facebook

Childs 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 Hastings Family Dental **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 Hastings Family Dental 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: _____