Holland Street Dental

PATIENT COMMUNICATION AUTHORIZATION FORM

Date: _____

_____ _____

Please ***print*** your name Please ***sign***

_____ _____

Legal Representative Description of Authority

I AUTHORIZE CONTACT FROM THIS OFFICE TO **CONFIRM MY APPOINTMENTS, TREATMENT & BILLING INFORMATION** VIA:

- ☐ Cell Phone Confirmation
- ☐ Home Phone Confirmation
- ☐ Work Phone Confirmation
- ☐ Text Message to my Cell Phone
- ☐ Email Confirmation
- ☐ **Any of the Above**

I AUTHORIZE **INFORMATION ABOUT MY HEALTH** BE CONVEYED VIA:

- ☐ Cell Phone Confirmation
- ☐ Home Phone Confirmation
- ☐ Work Phone Confirmation
- ☐ Text Message to my Cell Phone
- ☐ Email Confirmation
- ☐ **Any of the Above**

I APPROVE BEING CONTACTED ABOUT **SPECIAL SERVICES, EVENTS, FUND RAISING EFFORTS or NEW HEALTH INFO** on behalf of this Healthcare Facility via:

- ☐ Phone Message
- ☐ Text Message
- ☐ Email
- ☐ **Any of the Above**
- ☐ **None of the above** (opt out)

In signing this Communication Authorization Form, you acknowledge and authorize, that this office may recommend products or services to promote your improved health. This office may or may not receive third party remuneration from these affiliated companies. We provide you this information with your knowledge and consent.

We would also appreciate knowing how you learned of us!

Please check the appropriate box below:

- ☐ Patient Referral (Who referred you?) _____
- ☐ Friendly Dental Employee Referral (Who referred you?) _____
- ☐ Website/Internet
- ☐ Radio
- ☐ Office Sign
- ☐ Friendly Dental Phone Call
- ☐ TV
- ☐ Newspaper
- ☐ Event/Festival/Show
- ☐ Other Advertisement
- ☐ Other _____

If you have checked more than one, please circle the most influential in your decision to come in.

_____

Office Use Only

As Privacy Officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement but did not because:

It was emergency treatment _____
I could not communicate with the patient _____
The patient refused to sign _____
The patient was unable to sign because _____
Other (please describe) _____

_____
Signature of Privacy Officer

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