

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples include setting up appointments for you, examining your teeth, prescribing medications, referring you to another doctor, or getting copies of your health information from another professional, insurance, etc. By signing below, you acknowledge that you have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how your health information may be used and disclosed by Diamond Dental Sleep Solutions and how you may obtain access to and control this information. **The full Notice is available upon request.**

By checking this box, I expressly permit Diamond Dental Sleep Solutions to disclose my protected health information for the purposes of appointment / test / procedure reminder and follow-up by leaving such information in the form of a message on the following recorded media:

- Text messaging
- Home answering machine
- Cell phone voicemail
- Email
- Other (specify): \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date: \_\_\_\_\_

You may Refuse to sign this acknowledgement. If you refuse to sign, please indicate the reason:

Reason for Refusal to sign: \_\_\_\_\_

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