



Alameda Dental

CANCELATION & HIPAA INFORMATION

Appointment Cancellation Policy

We understand that your time is valuable and we do our best to make your appointment scheduling convenient for you and get you into and out of your appointments on time. We also understand that reasons come up for you to need to change or cancel an appointment, occasionally on short notice. We ask of our patients to please contact us at least 24 hours in advance if you need to change any appointment time as it allows us to be able to see others who may be waiting. We do reserve the right to assess a \$25 fee for appointments missed or cancelled without 24 hours notice and ask for your agreement.

I, _____, understand and agree to the missed / short notice cancellation policy.

Signature _____ Date _____

Privacy Practices

Our posted HIPAA Notice of Privacy Practices provides detailed information about the usage and disclosure of your protected health information. Please review our Notice before you sign this consent.

Consent of Disclosure

I hereby give consent to Alameda Dental to use and disclose my protected health information for the purposed of treatment, payment, and health care operations.

You may cancel this consent at any time. Your cancellation must be in writing, signed by you on your behalf, and delivered to the address at the bottom of this form. This may be delivered in person or by mail. It will only be effective when we actually receive it.

You have the right to request restriction on the usage and disclosure of your protected health information for the purposes of treatment, payment, or health care operations. We are not required to grant your request, however, if we do, the restriction will be obligatory to us.

We reserve the right to amend the terms of our Notice of Privacy Practices. You may obtain a copy of the current Notice form the front desk.

Print Name _____