

2800 Niles Rd.
Saint Joseph, MI 49085



I, _____, HAVE RECEIVED A COPY OF THIS OFFICE'S NOTICE OF
PRIVACY PRACTICES.

PATIENT SIGNATURE _____ DATE _____

TELEPHONE AND MAIL NOTIFICATION CONSENT

DUE TO OUR CONCERN FOR YOUR CONFIDENTIALITY, WE ARE ASKING YOU SIGN THIS RELEASE WHICH WOULD ALLOW US TO CONTACT YOU, THE PATIENT, ABOUT YOUR UPCOMING APPOINTMENTS AND/OR DENTAL TREATMENT.

YES, I GIVE MY PERMISSION (PLEASE CHECK ALL THAT APPLY)

AT HOME ANSWERING MACHINE LETTER
 AT WORK CELL PHONE POSTCARD
 NO, PLEASE DO NOT CONTACT ME IN ANY OF THE ABOVE WAYS OF COMMUNICATION.

PATIENT SIGNATURE _____ DATE _____