



Angell Family Dentistry

Blending Experience with Technology

423 40TH AVE NE, COLUMBIA HEIGHTS, MN 55421
(763) 788-2215

26 YEAR OLD UPDATE

Patient Name: John Test Date of Birth: JAN 01, 2000 Address: AAa City: Hoover
State: NY Zip Code: 43434 Preferred Name: Home Phone #: (655)656-6556 Cell
Phone #: (566)565-6565 Work Phone #: (556)565-6656 Email: testpatient@gmail.com

Patient and/or Authorized Person's Signature

AUG 12, 2020

Date

PLEASE LIST PARENT IF THEY ARE INVOLVED WITH MAKING APPOINTMENTS FOR YOU AND/OR ARE FINANCIALLY RESPONSIBLE

The Health Insurance Portability and Accountability Act (HIPAA) requires Angell Family Dentistry to obtain your authorization to allow verbal and written communications regarding your protected health information. This authorization allows Angell Family Dentistry to discuss your health care with a spouse, child, friend or anyone you designate below.

NAME/RELATIONSHIP: /	APPOINTMENT INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH CARE INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO	FINANCIAL INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE:			
NAME/RELATIONSHIP: /	APPOINTMENT INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH CARE INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO	FINANCIAL INFORMATION <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE:			

Please indicate below information that Angell Family Dentistry may use to contact you or leave recorded messages regarding appointments, dental treatment or financial information.

HOME ADDRESS: AAa, Hoover, NY, 43434	
HOME PHONE: (655)656-6556	WORK PHONE: (556)565-6656
CELL PHONE: (566)565-6565 Texts okay: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E-MAIL ADDRESS: testpatient@gmail.com

Acknowledgement of Receipt

Notice of Privacy Practices

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Purpose of Consent: By signing this form, you consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and health care operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our notice is available. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

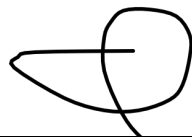
Acknowledgement of Notice of Privacy Practices

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

If this acknowledgement is signed by personal representative other than patient please fill the following:

PERSONAL REPRESENTATIVE'S NAME: N/A

RELATIONSHIP TO PATIENT: N/A



Patient and/or Authorized Person's Signature

AUG 12, 2020

Date

At Angell Family Dentistry we value our patient's time and will make every effort to see patients in a timely manner in relation to their scheduled appointment. If it has been 10 minutes or more past your appointment time, please notify the Front Desk Staff and they will assist you. Additionally if you have commitments immediately after your appointment, please make the Front Desk Staff aware so that we can assist you in maintaining your schedule.