

ConfIDENTAL Center

I, _____ have received a copy of the ConfIDENTAL Center's Notice of Privacy Practices.

I give the ConfIDENTAL Center my permission to confirm the date and time of all dental appointments:

We will confirm on your home phone unless otherwise notified.

PLEASE BE ADVISED THAT CONFIRMATION CALLS ARE A COURTESY TO OUR PATIENTS. IF WE ARE SHORT STAFFED OR OVERLY BUSY, WE MAY NOT HAVE TIME TO MAKE THESE CALLS. YOU WILL STILL BE RESPONSIBLE FOR YOUR APPOINTMENT.

The ConfIDENTAL Center requires a 24 hour notice for any appointment change. If a 24 hour notice is not received; there will be a \$45.00 charge. This charge is not a covered benefit by your insurance company and will be your responsibility. We will not be able to schedule for future appointments until this charge is paid.

Patient or Guardian:

Date: