

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please print your name here

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other *(Please provide specific details)* _____

Employee signature

Date

Email Release Form

James E. Burkholder DDS and staff can communicate via e-mail on matters related to your health and/or your dental treatment. We also invite you to participate in our online reminder system through Demandforce.

Features include:

- * Receive Text Message Appointment Reminders
- * Confirm Appointments via Email
- * Request Appointment Online
- * Submit Patient Satisfaction Surveys
- * Refer Your Friends Online

I want to receive text messages. ___Yes ___No I want to receive e-mails. ___Yes ___No

Cell Phone Number: _____ Email Address: _____

If you opt yes, you are allowing Demandforce to use this information in providing your services.

I understand that any Confidential Health Information that I send to the practice is not secure and is sent at my own risk. I will not hold the practice, nor any of its workforce members, liable for loss of any confidentiality associated with information transmitted via e-mail.

I also understand that it is not the policy of the practice to encrypt any Confidential Health Information I request to be sent to me via e-mail. Because this information is not encrypted I understand that it is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

Demandforce may disclose Patient Health Information (PHI) to third parties that perform services for Burkholder and Ramos Family DDS in accordance with HIPAA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. **OUR AFFILIATES DO NOT SELL, SHARE OR RENT OUR USERS' PERSONALLY IDENTIFIABLE INFORMATION UNLESS REQUIRED BY LAW, DO NOT SEND ANY EMAIL OR OTHER COMMUNICATIONS WITHOUT USER PERMISSION, AND DO NOT SEND SPAM.**

Signature _____ Date _____