

Carlos E Vila, DDS & Theresa M. Smith, DDS

HIPAA Acknowledgment & Confidential Communication Agreement

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate:

- Relationship? Parent or guardian of minor patient
 Guardian or conservator of an incompetent patient
 Beneficiary of personal representative of deceased patient

Name of Patient:

List the **FAMILY MEMBERS** or other persons, if any, with whom we may discuss your dental treatment and/or your diagnosis or in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

List the **EMAIL ADDRESS** which we may send your private health information to:

Email Address: _____

Alternate Email Address: _____

Print the **TELEPHONE NUMBER** where you want to receive calls about appointments, billing and insurance inquiries, or dental healthcare questions:

Telephone Number: _____

May we send **TEXT** messages to this number? Yes ___ No ___

May we leave a message or **VOICE MAIL** to this number? Yes ___ No ___

I understand that this agreement remains in effect until revoked by me in writing. I also understand and consent that the SV Dental Associates dentists share proceeds as part of their arrangement in bringing me excellent dental care.

Print Name	Signature	Date

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Carlos E. Vila, D.D.S.

195 West Lancaster Avenue, Paoli, PA 19301

610-296-7797