



**HIPAA and Communication Policies**

**At Fales Pediatric Dentistry, we consider your privacy a very serious matter.** All our privacy, security and breach notification policies and procedures are described in our **HIPAA POLICIES AND PROCEDURES** document which is available at any time at our office for your review or for your records. **We use encrypted data, text, and email to communicate with covered entities and with our patients to ensure privacy of all private healthcare information.**

**Acknowledgement of Receipt of HIPAA Policies and Procedures**

I have been provided an opportunity to receive and review a copy of Fales Pediatric Dentistry’s privacy, security and breach notification policies and procedures. \_\_\_\_\_

Initials

**Designated Persons to Receive Personal Health Information**

If you would ever like for us to communicate with another specific person on your behalf, your permission is necessary to do so and may be revoked at any time in writing.

Please list designated persons with whom we may share your child’s personal health information.

Name	Relationship	Contact Number

**Agreement to Receive Text and Email Communication**

Many of our patient families have reported a preference for us to communicate with them via email and we frequently use this format for convenience. As mentioned, any email communication that includes covered private healthcare information will be performed *via an encrypted format only*. You may also receive non-private text communications from our office. You may decline to receive electronic mail or texts from our office or revoke your permission at any time. Our documentation requirement is that this must be done in written form.

By providing the following information, I agree to receive text and email communications from Fales Pediatric Dentistry. I understand that any private health information will be transmitted via encrypted format only. I also understand that data rates *may* apply for text messages. I am responsible for providing Fales Pediatric Dentistry with any updates to my cell phone number and email address when changes occur.

Cell phone number for texts: \_\_\_\_\_

Preferred Email address: \_\_\_\_\_

\_\_\_\_\_  
PATIENT Name

\_\_\_\_\_  
PARENT Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date