

PREMIERE DENTISTRY

1205 E. ROSS BY-PASS

TAHLEQUAH, OK 74464

Telephone (918) 456-2555 Fax (918) 456-2444

Mark D. Smith, D.D.S

Matthew B. Hodgson, D.D.S

Patient Name: _____ **Date of Birth:** _____

- I have been offered and/or received a copy of the currently effective Notice of Privacy Practices for Premiere Dentistry of Tahlequah.
- I may refuse to sign.
- Expiration: 3 years from last signature; insurance change; patient reaches age of 18.
- I understand that I may request a copy of the privacy policies at any time.
- I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR DENTAL INFORMATION:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

I AUTHORIZE CONTACT FROM THIS OFFICE TO CONFIRM MY DENTAL APPOINTMENTS, TREATMENT & BILLING INFORMATION AND INFORMATION ABOUT MY DENTAL HEALTH VIA:

Message on: Home Phone Cell Phone Work Phone

Text (_____) _____ - _____

Email _____

U.S. Mail/Postcard _____

Please **print** your name

Please **sign** your name

Date

Patient Parent Guardian Other