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# South Berwick Dental

## Acknowledgement of Receipt of Notice of Privacy Practices

\*\*\* You may Refuse to Sign This Acknowledgement \*\*\*

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

Please Print Name

Signature

Date

**I hereby give my permission to discuss all aspects of my dental treatment to the individuals listed below:**

\_\_\_\_\_Mother\_\_\_\_\_Father\_\_\_\_\_Wife\_\_\_\_\_Husband\_\_\_\_\_Other (specify) \_\_\_\_\_

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### For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, as required by law, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

# South Berwick Dental

## SCHEDULING POLICY

We know that your time is important. Therefore, we make every effort to see all of our appointed patients at their appointed time. We are able to do this by working efficiently and not overbooking our providers. When an appointment is scheduled, we reserve the room, equipment, materials and time needed to address your specific dental needs. In return, we ask that you keep all scheduled appointments.

### **Rescheduling:**

If you must change an appointment, please notify our office by phone **at least 48 hours** prior to your scheduled appointment.

\*Please note we cannot accept appointment changes via e-mail, text, or voicemail.

### **Reminders/Confirmations:**

We will use texts, phone calls or e-mails to remind you of upcoming appointments. Please reply with a confirmation so that we know to expect you (a confirmation will stop additional reminders).

\*If your phone number changes, please notify our office at your earliest convenience.

### **Longer Appointments:**

When scheduling a longer appointment, you may be notified that a confirmation is **required** to keep the appointment reserved.

### **Broken Appointments:**

A broken appointment is considered any scheduled appointment for which you failed to show or a scheduled appointment that was cancelled less than 24 hours prior to the appointed time.

Multiple broken appointments will result in dismissal from the practice.

**I have read and agreed to the above policy,**

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

**Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_