

**Patient Contact Consent Form**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that I have certain rights regarding my protected health information. I understand that these rights are given to me under the Health Portability and Accountability Act of 1996 (HIPAA). In caring for our patients, it may be necessary for Mountain Vista Dental to contact you by telephone. When you are not available to speak directly, we like to leave a message when possible.

I have received a copy of this office's Notice of Privacy Practices. (Initial: \_\_\_\_\_)

In order to protect your privacy, it is Mountain Vista Dental's policy to:

- Not leave messages with anyone except the patient or legal guardian
- Not leave specific information on a voice mail system

**Unless we have your permission to do so**

Please review the information below and consider carefully how and whom you choose to have access to your medical information, scheduling information about an upcoming procedure and inquiries about your insurance or billing information. Please check applicable ways for us to reach you or leave messages for you.

**CONSENT, check applicable options:**

- Home telephone or voice mail (detailed message)
- Office telephone or office voice mail (detailed message)
- Cell phone (detailed message)     Cell phone text (detailed text message)
- Email: \_\_\_\_\_
- Spouse (detailed message)     Other family or friends (detailed message)

**Please list names:**

\_\_\_\_\_  
\_\_\_\_\_

Patient /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have the option to update and/or change my preferences of how you contact me at any time by completing a NEW patient contact consent form or otherwise putting my request in writing and submitting it to Mountain Vista Dental**

**\*\*\*\*\*DENIAL\*\*\*\*\***

I, \_\_\_\_\_, wish to be contacted personally and DO NOT authorize Mountain Vista Dental to leave detailed messages with any other person or via voice mail system.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_