



## Acknowledgement of Receipt of Notice of Privacy Practices and

### Authorization of Release of Information

Protecting your personal health information is of utmost importance to us. Our Notice of Privacy Practices is located at the checkout section at the front desk. You may also request a hard copy at any time.

Lassiter and Associates is authorized by the patient to release protected health information in the following manner:

1. Can we send you text reminders of appointments? Y N
2. Can we send you email reminders of appointments? Y N
3. Can we leave a voicemail with personal info (appointments, insurance, financial, billing, etc.) on your home and mobile phone numbers? Y N

Is there anyone else who can receive your personal health information? Y N

If yes, please include name, contact info and the type of information we can send to/ share with them:

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#### Rights of the Patient:

-You can revoke this authorization at any time. You can inspect or copy the protected information to be disclosed by requesting in writing to Norwood Dental Care. This only affects information that has not already been disclosed.

-The information that is disclosed as a result of THIS authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

-You have the right to refuse to sign this authorization and your treatment will not be conditioned on signing. It remains in effect until you revoke it.

Signed \_\_\_\_\_ Date \_\_\_\_\_