

**Richard T. Kingston, Jr., D.D.S., P.C.**

**Notice of Privacy Practices Acknowledgement and Consent**

By signing below, I acknowledge that I have been provided a copy of the Richard T. Kingston, Jr., D.D.S., P.C. Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the medical group listed at the beginning of this notice, and how I may obtain access to and control of this information.

By signing below, I also consent to the use and disclosure of my health information to treat me and arrange for my medical care, to seek and receive payment for services given to me, and for the business operations of the medical group, its staff, and its business associates. I hereby authorize this practice to contact/ send/ or receive via E-mail or fax any information needed for my treatment with my general dentist or any specialist I am referred to for treatment.

Richard T. Kingston, Jr., D.D.S., P.C. understands that your medical information about you is personal and we are committed to protecting your health information. For this reason, we are asking you how you would like to be contacted in the event that additional information or communication is needed.

At which of the following numbers do we  
have permission to contact you?

Y / N Home

Y / N Home answering machine

Y / N Cell phone

Y / N Cell phone voice mail

Y / N Work

At times, a spouse, parents, children, and significant others wish to contact our office with questions about diagnosis, treatment plans, medications, test results, or insurance information. Is there a person with whom we may discuss your personal health information?

[ ] **No**, do not discuss my personal health information with anyone.

[ ] **YES**, you may discuss my personal health information with the following person(s):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority