

Kingston Oral Surgery
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 _____	Ph# _____
Name _____	Relationship _____	Ph# _____

 Print Name of Patient or Personal Representative

 Signature of Patient or Personal Representative

 Date

 Description of Personal Representative's Authority

<u>Date Updated</u>	<u>Initials</u>	<u>Date Updated</u>	<u>Initials</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____