



HIPAA Acknowledgment and Communication Preferences

Office: ☐ **Grand Prairie**
(972) 262-5593☐ **Arlington**
(682) 284-1120☐ **Commerce**
(903) 246-4424☐ **Paris**
(903) 609-0567

Patient name (first and last)

Date of birth (MM/DD/YYYY)

Acknowledgment of the Notice of Privacy Practices

I acknowledge that I received, or was offered, a copy of the Sonria Dentista Notice of Privacy Practices. The Notice explains how my health information may be used and shared and describes my rights. A copy is available at the front desk and at sonriadentista.com/privacy-practices/.

☐ I received a copy ☐ I was offered a copy and declined it

How we may contact you

You may change these choices at any time by telling the office.

May we leave a detailed voicemail about appointments, treatment or billing?

☐ Yes ☐ No

Phone number for messages

May we send appointment reminders by text message?

☐ Yes ☐ No

Mobile number

May we contact you by email?

☐ Yes ☐ No

Email address

Regular email and text messages may not be encrypted, so someone other than you could see them. If you choose these options, you accept that risk.

People we may talk to about your care

I allow Sonria Dentista to discuss my dental care, appointments and billing with the people listed below.

Name	Relationship	Phone



Signature

Signature of patient or personal representative

Date

Printed name

If representative, relationship or legal authority

For office use only

Complete only if a written acknowledgment could not be obtained. Document the good faith effort made.

Reason: ☐ Patient refused to sign ☐ Emergency treatment ☐ Other:

Staff name

Date