



Blake Nelson, DDS
Cosmetic, Implant and Sedation Dentistry
3066 Trenwest Dr. Winston-Salem, NC 27103
(336)760-1277

Acknowledgement of Receipt of HIPAA Policies and Procedures

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures. I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Patient or Representative's Name (please print): _____

Signature: _____ Date: _____

Communication Consent

In order to save paper and communicate with you more quickly, our office would occasionally like to contact you via email and/or text messaging for appointment reminders and other correspondence. By signing below, you consent for Blake Nelson DDS to communicate with you via email and text messaging.

Patient or Representative's Name (please print): _____

Signature: _____ Date: _____

Information Release

If you would like us to share your protected health and financial information (appointment times, treatment recommendations, account balances, etc.) with another individual, you must authorize us to do so. By listing their name(s) and signing below, you consent for Blake Nelson DDS to communicate with the following individuals regarding your protected health and financial information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient or Representative's Name (please print): _____

Signature: _____ Date: _____