ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowedgement*

I, _____, have received a copy of this office's Notice of Privacy Practices.

_____

Please Print Name

_____

Signature

_____

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

_____

_____

_____

Appointment Policy for Great White Dental
David Mastrota, DMD, PA

BUSINESS OFFICE HOURS- Monday: 8a.m-7p.m, Tuesday and Wednesday: 8a.m-5pm, Thursday 7a.m-3:30pm

We want our patients to know how much we appreciate having you as part of our dental family. In an effort to provide the highest quality dentistry at affordable prices, we request 48 hours notice for any schedule changes that you may need in the future. Our office understands that sometimes emergency situations arise and we will handle each circumstance on an individual basis. We would like for our patients to understand that missed or broken appointments are hurtful in many ways. First and foremost, they delay your treatment and our ability to keep your oral health at optimum levels. Missed appointments may also prevent another patient, who is in need of treatment, from getting necessary care in a timely manner. In order for us to provide you with high quality dentistry at affordable prices, we must reduce the amount of missed appointments and no-shows. With this in mind, we want you to be informed of our appointment policy so there is no misunderstanding in the future.

****Any appointments more than 15 minutes late will be rescheduled!**

Your appointment time is reserved exclusively for you.

If you cannot keep your appointment, we kindly appreciate all patients to give our office a 48-hour notice to allow us to contact patients in need of treatment.

Thank you for your understanding and cooperation as we remain committed to your oral health.

(Please allow yourself extra time for inclement weather and construction!)

Thank you!

Print patient name: _____

Signature of Patient or Legal Guardian

_____ Date _____

revised 08/2010