

## **ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY PRACTICES FOR: Ultra Endodontics**

We are required by law to maintain the privacy of, and provide individuals with, this notice of legal duties and privacy practices with respect to protected health information.  
Your signature acknowledges you have received this notice of our privacy practices.

By signing I consent to the following: Ultra Endodontics or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account, or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing.

- I agree to be contacted by phone, and/or text message, and/or email and messages can be left.
- I agree that messages regarding my health information and appointments may be left with family members that may answer my phone.
- I agree that my health care provider may discuss my condition and treatment with other health care professionals, family, and anyone else involved in my care.

Please keep us updated of any change in phone number or email.

If you decline to sign, please let the office personnel know.