

Angela R. Schmoyer, DMD
Family and Cosmetic Dentistry
2546 Freemansburg Ave
Easton, PA 18045
(610)252-0646

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

READ BEFORE SIGNING THE ACKNOWLEDGEMENT

This acknowledgement of notice and consent authorizes Angela R. Schmoyer, DMD, LLC to use and disclose health information about you for treatment, payment, and Healthcare operations purposes.

Notice of Privacy Practices: Angela R Schmoyer, DMD, LLC has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Amendments: We reserve the right to amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

Telephone Consumer Protection Act (TCPA): You agree, in order for us to service your account or to collect monies you may owe, Angela R Schmoyer, DMD, LLC, and our/or our agents may contact you by any number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automated dialing devices, as applicable. I have read this disclosure and agree that Angela R Schmoyer, DMDD, her employees and/or agents may contact me as described above.

How to Contact our Privacy Officer

Mail: Angela R. Schmoyer, DMD
2546 Freemansburg Avenue
Easton, PA 18045
Telephone: (610) 252-0646
Facsimile: (610) 252-2128

Acknowledgment and Consent

Print all information except signature

I have received the Notice of Privacy Practices for Angela R. Schmoyer, DMD and authorize them to use and disclose health information about _____ (Patient Name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of Patient (or Patient's Personal Representative)

Date

Personal Representative Information (If Applicable)

Name of Personal Representative

Relationship or Patient (Or Other Authority)