

Ivy Rose Family Dentistry

2170 Matlock Rd Ste 100 | Mansfield, TX 76063 | (682) 518-5655

Patient Privacy Directive

In our effort to comply with Health Insurance Portability and Accountability Act (HIPAA), we need to be certain that we guard your privacy according to your wishes when it comes to your family and friends. List the names of the people that it is ok to discuss treatment with on the line provided.

Please circle your response to the following:

May we leave message on a voice mail at home or on your cell phone to discuss appointments or treatment? **Yes No N/A**

May we leave message with or discuss your appointment/treatment with your spouse or significant other? **Yes No N/A**

Please indicate below the best form of communication should we need to contact you.

Phone call/Voice Message___ Text Message___ Email___

I acknowledge I have read the "Patient Privacy Directive"

Signature: _____ Date _____

Relationship to Patient: _____