

HIPAA Notice of Privacy Practice/Texas NB 300

In addition to Federal Privacy Practices, the state of Texas requires consent for your contact method of choice. Please provide the following information:

Patient's Name: _____

Phone Number for contact: _____

May we leave a message with Patient Name & Appointment Time?

_____ Yes _____ No

May we leave a message including specific treatment or billing information?

_____ Yes _____ No

Please list below the names of any additional persons who can bring the patient for appointments, have access to private health information, and consent for treatment. (We need their names even if they are relatives.)

It is the parent/guardian's responsibility to notify The Dental Dock if any changes need to be made regarding the information provided on this form.

_____ Signature of parent/guardian

_____ Date