

HEALTH INSURANCE PORTABILITY AND ACCOUNTIBILITY ACT (HIPAA)

OFFICE PRIVACY POLICY COMPLIANCE ACKNOWLEDGEMENT

I am aware of the Personal Health Information (PHI) Privacy policy measure being performed, as set forth in the HIPAA privacy policy, including my rights as a patient. I acknowledge my acceptance of the Privacy Policy in the office of Steven E Wernick DDS, and that I have been offered a printed copy of the Privacy Policy.

X

Signature and Date

DENTAL MATERIALS FACT SHEET ACKNOWLEDGEMENT

I acknowledge that I have been offered a printed copy of the Dental Material Fact sheet From Steven E. Wernick DDS that lists all materials used in the office.

X

Signature and Date

CANCELLATION POLICY

If you are ever unable to make an appointment you have scheduled with us, please notify us at least 24 hours in advance. We would be glad to reschedule the appointment at a more convenient time, if necessary. If however an appointment is missed and/ or cancelled without a 24-hour notice, we reserve the right to charge you a **\$25.00 fee per hour of scheduled appointment time**. We look forward to seeing you on a regular basis!

X

Signature and Date