

OFFICE PROCEDURES OF PEARL ZADEH, D.D.S.

1. It is our office procedure that we will address you by your first or last name.
2. Phone Confirmations: It is our office procedure that we call to confirm your appointment. It also is our procedure that you call 24 hours to cancel your appointment or there will be a charge of \$50.00. We may also call you regarding medical issues. What two numbers would you like us to call you at, _____ or (cell) _____? If we cannot reach you at these two numbers, may we call you at home and if no one is home to take a message, may we leave a message on your answering machine?
3. Verbal Authorization; It is our office procedure to get verbal authorization from all new patients to confirm appointments and leave messages if patient is not available. Also, patient must call 24 hours in advance to cancel appointments.
4. Photo and Video Examinations It is our office procedure that we may take photos/videos of your face, mouth and teeth which are stored in your chart.
5. It is our office procedure to share Protected Health Information with labs, consulting dentists, physicians and hospitals. We will also call the pharmacy of your choice. We will only exchange minimum necessary Protected Health Information for each transaction.
6. Our office is HIPAA-compliant and the staff has been trained in the HIPAA Privacy Act. We will do everything we can to protect your Patient Health information. However, our office was designed before the HIPAA Law so please be respectful of other patients' privacy.

I, _____ agree to all of the above office procedures of Pearl Zadeh, D.D.S. and give my authorization to all of the above procedures.

Patient Signature: _____

Date: _____

List names of minor family members and their ages:

I, _____ authorize Pearl Zadeh, D.D.S. to examine and provide medical treatment. I assume full responsibility for any balance due. I authorize my insurance company to pay by check made out directly to Pearl Zadeh, D.D.S. I authorize Pearl Zadeh, D.D.S. to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefit. I understand it is my responsibility to know all rules and restrictions of my insurance policy, to know which hospital, emergency rooms, laboratories, x-ray departments and specialists and specialist providers which are assigned to me according to my insurance policy rule. It is Pearl Zadeh, D.D.S. procedure to share Protected Health Information with labs, x-rays, consulting physicians, and hospitals. We will call the pharmacy of your choice regarding your prescriptions. We will only exchange minimum necessary Protected Health Information for each transaction.

Patient or Responsible Party Signature

Date