



PHONE & EMAIL AUTHORIZATIONS

Patient Name: _____

Do we have your permission to call you at

Home _____ Yes _____ No Phone# _____

Work _____ Yes _____ No Phone# _____

Cell _____ Yes _____ No Phone# _____

Do we have your permission to leave a message at

Home _____ Yes _____ No Phone# _____

Work _____ Yes _____ No Phone# _____

Cell _____ Yes _____ No Phone# _____

Do we have your permission to discuss your medical history and account with

Spouse _____ Yes _____ No Name _____

Dependant _____ Yes _____ No Name _____

Other _____ Yes _____ No Name _____

(Relationship)

Emergency Contact: _____ Relationship: _____

Telephone: _____ Other Telephone: _____

***PALMS DENTAL IS MOVING TO A PAPERLESS OFFICE.
WE ARE UPDATING E-MAIL & CELL PHONES FOR ALL CORRESPONDENCE.***

Cell Phone # for Text Messages: (_____) _____ - _____

Do we have permission to Text you: _____ Yes _____ No

E-Mail Address: _____

Do we have permission to Email you: _____ Yes _____ No

Patient or Guardian's Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

PALMS DENTAL
Christopher R. Stock, D.D.S.
2006 Manatee Avenue West ▪ Bradenton, FL. 34205
941-748-7017 ▪ 941-746-1056 (Fax)



**ACKNOWLEDGEMENT OF RECEIPT OF
PRIVACY PRACTICES NOTICE FROM PALMS DENTAL P.A.**

Section A: *The Patient*

Name: _____

Address: _____

Telephone: _____

Social Security: _____

Section B: *Acknowledgement of Receipt of Privacy Practices Notice*

I, (patient or guardian's name) _____, acknowledge that I have received a Notice of Privacy Practices from Palms Dental PA.

Patient or Guardian's Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

To Be Completed by Palms Dental PA

Section C: *Good Faith Effort to Obtain Acknowledgement of Receipt*

Describe your good faith effort to obtain the individual's signature on this form:

Describe the reason why the individual would not sign this form:

I attest that the above information is correct.

Signature of Palms Dental Employee _____ Date: _____

Print Name: _____ Title: _____

Include this acknowledgement of receipt in the individual's record.