

**WAKEFIELD FAMILY DENTISTRY
326 S. EDMONDS #105
LEWISVILLE, TX. 75067**

In our efforts to comply with the Health Insurance Portability and Accountability Act (HIPPA), we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends, and co-workers.

Please circle your response to the following:

- | | | | |
|--|-----|----|-----|
| May we leave messages concerning your appointments with a co-worker, receptionist or secretary that regularly answer your calls? | Yes | No | N/A |
| May we leave messages on a voice mail at work? | Yes | No | N/A |
| May we leave messages on your cell phone? | Yes | No | N/A |
| May we discuss your appointments/treatment with your spouse? | Yes | No | N/A |
| If you are over the age of 18, still living at home, may we discuss your appointments/treatment with your parent(s) or guardian? | Yes | No | N/A |
| If you are over the age of 18, may we discuss your appointment and/or treatment with your children? | Yes | No | N/A |

If yes, list names of children: _____

You must inform us, **in writing**, of any changes in your directives. This record will be kept in your file. This also is an acknowledgement of receipt of your Notice of Privacy Practices.

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____