BERNARDO CALDAS
ORTHODONTICS

HIPAA Acknowledgment & Communication Consent

1. Patient Information

Patient Name: _____ Date of Birth: _____

Parent/Guardian (if applicable): _____

2. HIPAA Acknowledgment

I acknowledge that I have received, or have been given the opportunity to receive, a copy of Bernardo Caldas Orthodontics' Notice of Privacy Practices. I understand how my protected health information may be used and disclosed for the purposes of treatment, payment, and healthcare operations, as described in the Notice.

☐ I acknowledge receipt of (or the availability of) the Notice of Privacy Practices.

3. Communication Consent

I authorize Bernardo Caldas Orthodontics to communicate with me (and, if applicable, my parent/guardian) regarding appointments, treatment, and account information. I understand that these communications may be made using the contact information provided below, including by phone, voicemail, text message, email, or other means.

4. Preferred Communication Methods

Please indicate how you prefer we communicate with you:

☐ Phone Call ☐ Voicemail ☐ Text Message ☐ Email

5. Contact Details

Preferred Phone: _____ Alternate Phone: _____

Email Address: _____

6. Authorized Contacts

Please list individuals (e.g., parent, guardian, spouse, or other) with whom we may discuss appointments, treatment, and financial matters related to your care.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

7. Appointment Reminder Preference

How would you like to receive appointment reminders?

☐ Text Message ☐ Email ☐ Phone Call ☐ No Preference

8. Signature

By signing below, I confirm that I have read and understand this HIPAA Acknowledgment & Communication Consent form and agree to the terms outlined above.

SIGN

_____ _____ _____ _____

Patient/Parent/Guardian Siganture | Printed Name | Relationship to Patient | Date