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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been provided a copy of Meadow Vista Dental Care's Notice of Privacy Practices, which has an effective date of 9/22/2013 and which describes how my health information may be used and disclosed.

I understand that you have the right to change the Privacy Practices at any time, that I will be provided a copy of any updated version and that I may contact you at any time to request a current Notice of Privacy Practices.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices.

Signature of Patient or Patient's Representative **Date**

Print Name **Relationship to patient**

CONSENT FOR CELL PHONE USE

- I consent to the dental practice to using my cell phone to (choose one or both):
- Call regarding treatment, insurance and my account.
 - Text regarding appointments and to call regarding treatment, insurance and my account.

I understand that I can withdraw my consent at any time.

My cell phone I (include area code) _____ - _____ - _____
(Initial) _____