

NOTICE OF PRIVACY PRACTICES

Claremont Family Dentistry
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Claremont, NC 28610
(828) 459-1400

Your Privacy is very important to us here at Claremont Family Dentistry.

We promise to take every precaution to protect your rights to having your healthcare information secure. Our formal notice of privacy practices is posted in the waiting area. You can read this while waiting for your visit. You are also entitled to a copy of our Notice of Privacy Practices, which will be located at the reception area.

We also need to ask our patients how they wish to be notified about future appointments at least 24 hours in advance. If we are unable to contact you we leave a message on your answering machine, with a family member, or co-worker.

Please answer the following so that we may comply with your wishes concerning appointment information.

Claremont Family Dentistry may call my home/workplace/cell to confirm future appointments and may leave a message on my home answering machine or voice mail.

_____ Yes _____ No

By my signature, I acknowledge that I have read the posted Notice of Privacy Practices which describes the uses and disclosures of my health information.

Patient Name: _____

Please print name: _____

Patient/ Guardian Signature: _____

Date: _____

