Mark E Lawton D.D.S., P.A.

7038 Antoine Dr

Houston, Texas 77088

PATIENT HIPAA AWARENESS & Notice of Privacy Practices

With my permission, Mark E. Lawton D.D.S., P.A. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Mark E. Lawton D.D.S., P.A. Notice of Privacy Practices for a more complete description of such use and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Mark E. Lawton D.D.S., P.A. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Mark. E. Lawton D.D.S., P.A. may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results.

With my permission, any items that assist the practice in carrying out TPO, such as reminder cards and patient statements may be mailed to my home or other designated location. I have the right to request that Mark E. Lawton D.D.S., P.A. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am allowing Mark E. Lawton D.D.S., P.A. to use and disclose my PHI for TPO.

By signing this form, I acknowledge that I have read this statement and agree to the contents.

Signature of patient, parent, or guardian (responsible party)

Signature: _____ Date: _____

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Missed Appointment Policy

We respect the importance of your time and work very hard to schedule appointments which accommodate the busy scheduling needs of all our patients. In return, we ask that patients make every effort not to change reserved dental appointments. Broken and missed appointments create scheduling problems for other patients as well as the practice.

If emergency circumstances prevent you from keeping an appointment we certainly understand, all we ask is that you call us immediately so we can try to accommodate another patient.

Ultimately as with any appointment, it is your responsibility to keep track of your appointments. We ask you to provide us with a minimum of forty-eight hours notice. Failure to do so may result in a cancellation/missed appointment fee of **$35.00** per hour of appointment time reserved for you.

We provide as a courtesy, reminder cards that are mailed for dental hygiene appointments. We also make reminder calls to our patients one business day prior to appointments. This effort shows our commitment to all of our patients and the importance of their health.

If you have any questions, please do not hesitate to contact us. We sincerely appreciate your understanding and cooperation in this matter.

By signing this form, I acknowledge that I have read this statement and agree to the contents.

Signature: _____ Date: _____