

Monika Elek DDS
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140 Gregory Lane, Suite 100
Pleasant Hill, CA 94523
Tel: 925-676-5515
www.diablovalleydental.com

Privacy Practices Notice

I give this practice, **Diablo Valley Dental**, my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews.

I have been informed that I may review the practice's Notice of Privacy Practices (for more complete description of uses and disclosures) before signing this consent,

I understand that I have the right to request a restriction of how my protected health information is used. However, I understand that the practice is not required to agree to the request. If the practice agrees to my restricted request, they must follow the instruction(s).

I also understand that I may revoke this consent at any time by making a request in writing, except for information already used or disclosed.

Patient/ Guardian Signature

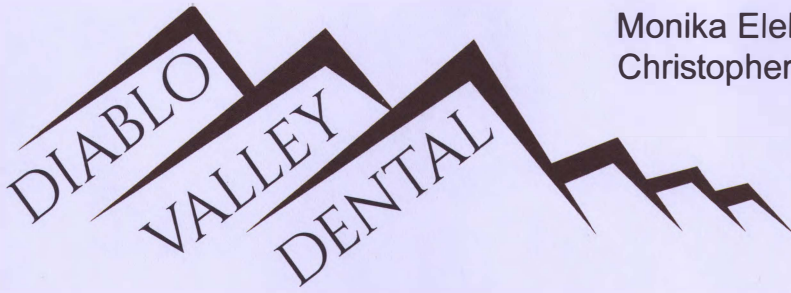
Date

By signing below, I acknowledge that I have received a copy of the Dental Materials Fact Sheet as required by law.

Patient/ Guardian Signature

Date





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Practice Scheduling Guidelines

In an effort to reduce the number of sudden, unforeseen changes in our schedule, we are now implementing new scheduling guidelines. We are requiring a ***minimum*** of **two business days (48 hours)** notice for any scheduling changes. If more than one scheduling change is made without proper notification, you may be charged a fee. Depending on your scheduling history, you will be charged a ***nonrefundable*** fee of \$50-100 (depending on type of appointment) which will be due at your following visit.

As a courtesy to other scheduled patients, if you are more than ten minutes late to an appointment you may be asked to reschedule.

We realize that on occasion, emergencies arise making it difficult to give proper notification. Your effort to inform us as soon as possible will be greatly appreciated, as we have patients in need that could use the reserved time given enough notification.

We thank you in advance for your cooperation!

Patient/ Guardian Signature

Date

