

Appointment Confirmation Preferences and Consent

The ARDC uses OperaDDS to confirm appointments through automated phone calls. You can also enroll in text messages for appointment confirmations, reminders and clinic schedule updates (inclement weather, closings, cancellations, etc). You may opt out at any time.

- Yes, enroll my cellular phone number to receive text messages
- No, I decline to receive text messages and prefer to receive phone calls

Consent for Treatment and Deemed Consent

I agree to the Consent for Treatment and Deemed Consent and understand that a printed form is available should I choose to receive a copy. This consent is also posted in the lobby of the Augusta Regional Dental Clinic. By requesting care in the Dental Clinic, I am giving the dental provider permission to examine, diagnose and treat me (or my child). In the event of a blood borne pathogen exposure, I am deemed to have consented to testing and release of results to those exposed. I acknowledge that I will be thoroughly counseled before any testing as a result of exposure.

Patient or Parent/Guardian Signature

Date

HIPAA Acknowledgement

I agree to the ARDC Notice of HIPAA Privacy Practices. HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations require permission from the patient in order for any healthcare professional to speak with family, friends or caregivers regarding your protected health information, except in cases of emergency. This document in its entirety can be viewed in the ARDC lobby or a copy of it can be given to you upon request. In order for us to share your information, we must have your written permission. We have your permission to speak with the following people about general scheduling, medical history, dental treatment and account information. The persons listed below will also act as emergency contacts.

Name:

Name:

Patient or Parent/Guardian Signature

Date

Demographic Information

- White Black or African American American Indian or Alaska Native
- Asian Native Hawaiian or Other Pacific Islander Other: _____

The above information is requested by the Federal Government in order to monitor compliance with Federal law prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/ethnicity of individual applicants on the basis of visual observation or surname.