CANCELLATION POLICY

Your dental care is our top priority. We strive to be flexible when scheduling time for your dental appointments and understand sometimes it is necessary to cancel or reschedule. We ask that you provide at least 24 hours' notice if you need to make changes to your scheduled appointment(s). If you fail to do so, a $75.00 cancellation fee will be charged to your account

Signature:_____ Date:_____

PRIVACY DISCLOSURE

By signing this form, you consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations. I have been offered or received a copy of the office Notice of Privacy Practices and have been given full opportunity to read and consider the contents. I also understand that your office will not be able to file any insurance claims unless this consent is signed.

Signature:_____ Date:_____

HIPAA NOTICE

I, _____, give permission to Vacca Family Dentistry to discuss and release my protected dental information (treatment, records, balance, etc.) to the following individuals listed below. I also understand that this authorization shall remain in effect at Vacca Family Dentistry until I revoke it and am able to do so at any time.

Printed Name:_____

Signature:_____ Date:_____

Name:	Phone Number:	Relationship: