



**TODD G. GLAZENER, DDS
FAMILY DENTISTRY**

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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

{Signature}

{Date}

I would like you to communicate with me in the following way:

* home phone _____

* office phone _____

* cell phone _____

* pager _____

* e-mail _____

* Would you like a reminder card? _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

CANCELLED AND BROKEN APPOINTMENT POLICY

Patients who fail to keep their scheduled appointments without adequate notice can cause problems for both the office as well as other patients. We are better able to schedule you promptly and in your desired time slot if we know sufficiently in advance that you need to reschedule an appointment.

We make every effort possible to remind all patients of their scheduled appointments. We issue appointment cards at the time the appointment is made, and we call each scheduled patient 2 days prior to their appointment. We may also send reminder postcards.

In an effort to establish daily schedules that are efficient as well as considerate of your time and ours time, we have adopted the following policy regarding broken and late cancelled appointments:

1. A late cancellation is defined as any scheduled appointment that a patient cancels without giving at least 24 hours advance notice.
2. A broken appointment is any appointment which a patients fails to keep and provides no advanced notice.
3. Two late cancellations may result in a charge of fifty dollars to the patient.
4. One broken appointment will not incur a charge, but the second and every broken appointment thereafter will incur the fifty dollar charge.
5. Multiple late cancellations and/or broken appointments may result in your ineligibility for future care in our office.
6. Insurance is not responsible for broken appointment charges.

We realize that circumstances sometimes arise on short notice which may result in the necessity to cancel an appointment on short notice. When such circumstances occur, we will exercise discretion in the decision to charge a fee. It is our sincere desire to be considerate of your time, and as we make every effort to do so, we hope that our patients will also be considerate of our desire to predictably serve our patients with the time available to us.

Thank you for your consideration and cooperation.

Signature of patient or guardian: _____ Date: _____