



HIPAA PRIVACY PRACTICES

Allegany Dental Care, P.A. adheres to the privacy guidelines implemented by the Federal Government. A copy of our privacy guidelines is posted in the reception area, for your review. Our staff will be happy to answer any questions you may have regarding these matters. A copy of these guidelines is available to you upon request.

PATIENT'S STATEMENT

By signing below, I acknowledge I have received information regarding the privacy practices of Allegany Dental Care, P.A. and grant permission for Allegany Dental Care, P.A. to release my personal and medical information to the appropriate insurance, medical and/or dental office necessary for treatment. I also grant permission to Allegany Dental Care, P.A. to contact me personally at my residence or place of employment. If unavailable, permission is given to leave a message on my answering machine/voice mail/text or with a person within my household to confirm my appointment or to notify me with insurance information necessary for treatment.

Please be aware that our doctors participate in the MD Prescription Drug Monitoring Program (PDMP); therefore, your provider may access prescription monitoring data.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Allegany Dental Care, P.A. may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian

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