

**PALM CANYON DENTAL OFFICE
KIRIT PATEL DDS INC
174 S. SUNRISE WAY
PALM SPRINGS, CA 92262
(760) 322-1002**

PRIVACY PRACTICES: I _____, have the right to read the Privacy Practices for Palm Canyon Dental Office. A copy of the Notice and/or this consent is available upon request at any time. Our Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information (PHI) about you. The Notice contains a Patient's Rights section describing your rights under the law. The terms of our Notice may change. In the event it does change, you may obtain a revised copy by contacting our office.

PATIENT E-MAIL & TEXT MESSAGING: Due to the changing world of healthcare and technology, we now have the ability to provide our patients with certain types of information via e-mail and/or text messaging.

We believe strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. In order to protect your privacy, no confidential or personal information will be sent from us via email or text messaging. We do not share the names and email addresses, and/or telephone numbers of patients with any other companies, or with any other patient.

DENTAL MATERIALS FACT SHEET: As required by the Law of Dental Board of California a copy of the materials we use can be obtained verbally or written upon request with any of the Palm Canyon Dental Staff.

By signing this form, I acknowledge that I have read and understand the above statements. I give consent to the use and disclosure of my Protected Health Information to carry out treatment, payment activities and healthcare operations.

Signature: _____ **Date:** _____