Wagner Denture Group
Stephen A. Wagner, DDS

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Patient privacy

Patient privacy law requires us to tell you how your information is handled in our office. Read each statement and initial it. Dr. Wagner and the staff will do their best to protect your privacy while you are here.

_____ I understand that when I sign in on arrival, another patient may see my name on the sign-in sheet.

_____ I understand that someone may see my name on the schedule on the computer screen. No personal information is shown on that screen.

_____ I understand that the staff may need to call my name in the office to get my attention.

_____ I understand that another dental or medical office may have information relevant to my care and treatment here. I authorize Dr. Wagner or a member of his staff to request that information, including X-rays, written notes, and models.

_____ I understand that the office will call me about my appointments. I authorize Dr. Wagner or his staff to leave a message with another person, or a recorded message, at the phone numbers I have provided.

_____ I understand that my file will at times be out and another patient may see my name on it. My file will never be left where another person can read its contents.

_____ If I am speaking with the doctor or a member of the staff and do not want the conversation heard by others in the office or waiting room, I will ask for a private room.

_____ I agree to the statements above and understand that information about my treatment will be guarded as much as possible and will not be revealed to another patient.

Printed name _____

Signature _____ Date _____