Berks Endodontics

SCOTT BRAM, D.M.D. • BRIAN FREY, D.M.D.
CHARLES GLOSSON, D.M.D.

Berks County's preferred choice for specialty dental treatment.

Privacy Practices & Permission to Discuss and Contact

Patient Name: _____ Date of Birth: _____

I have been given a copy of Berks Endodontics, Ltd. Notice of Privacy Practices ("Notice"), which describes how my health information is used and shared. I understand that the Practice has the right to change this Notice at any time. I may obtain a current copy by contacting the Practice Privacy Officer.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

I authorize the disclosure of my Personal Health Information to the following individuals:

- **My Spouse/Partner**
  Full Name and Phone Number:

  _____

- **Family Members and Friends**
  Specify Name, Relationship and Phone Number:

  _____

  _____

  _____

I understand/authorize Berks Endodontics to leave information about my appointment, my dental care, and financial information, and I wish to be contacted at the following numbers:

Home Telephone: _____ **Cellphone:** _____

Work Telephone: _____

COMPLETED BY:

_____ _____

Signature of Patient or Personal Representative *Date*

_____

Print Name

1150 Berkshire Blvd., Suite 120, Wyomissing, PA 19610 | Phone: 610 376 1536