Jennifer Koch, DMD, PC Peter T. Davis, DDS, FAGD 201 West Broad Street Bethlehem, PA 18018 Phone (610) 865-3333 Fax (610) 691-7822

In accordance with the HIPAA privacy act, we must procure your permission to provide you with appointment reminders and leave phone messages. **Please check all that apply.** If you do not wish to respond, this office will not be permitted to provide a reminder of any type. Thank you.

| The office of Jennifer Koch, DMI | D, PC has my permission to: | |
|----------------------------------|---|--------|
| Send an appointment remin | nder postcard to myself and/or my children (under the age c | of 18) |
| Leave a message with the f | following family member(s): | |
| | | |
| Leave a message on my ho | ome answering machine (include number): | |
| Leave a message at my wo | orkplace (include number): | |
| Leave a message on my wo | ork voicemail | |
| Leave a message on my ce | ell phone (include number): | |
| | you are in our office, please designate the name and phone | |
| Signature: | Date: | |
| Children under the age of 18: | | |