RINALDI
DENTAL ARTS
SMILE BEAUTIFICATION // ORAL RESTORATION // WHOLE BODY WELLNESS

5481 Wisconsin Ave, Suite 221
Chevy Chase, MD 20815
301-652-3355

HIPAA Authorization

I, (Patient Name or Legal Guardian) _____, authorize the practice of Dr. Rinaldi and its staff to provide dental treatment and to release information related to patient treatment, payment, or health care operations.

I further acknowledge receipt of this practice's Notice of Privacy Practices and rights to review the Provider's Privacy Requirements.

Signature of Patient or Legal Guardian_____ Date _____

Office Policies

At our office we believe in devoting our entire focus towards each patient. Please understand for this to happen we specifically reserve time in the schedule for your treatment needs. Due to the high demand for these appointment slots, the following office policies have been instituted:

There will be a $50 fee charged to your account if you fail to make your hygiene appointment or do not call the office within a 24-hour period to cancel.

If you have reserved time with a doctor the fee will be assessed based on your treatment plan and the length of the appointed time missed.

If you are more than 15 minutes late for your appointment and we are unable to perform the planned treatment in the time remaining, we will need to reschedule your appointment.

Our staff wants to be available for your needs and the needs of all of our patients, however, when a patient does not show up for a scheduled appointment, another patient misses the opportunity to be seen.

We thank you for being a valued patient and for your understanding of these office policies.

Signature of Patient or Legal Guardian_____ Date _____