

Barry E. Yelk, D.M.D., P.C.
1569 Medical Drive, Suite 102
Pottstown, PA 19464
Phone: (610) 326-2772 | Email: DrBarryYelk@yahoo.com

PATIENT PRIVACY & COMMUNICATION ACKNOWLEDGMENT

Notice of Privacy Practices

I acknowledge that I have received and reviewed the Notice of Privacy Practices.

Electronic Communication Authorization

I authorize communication by email, text message, or voicemail regarding appointments, billing, and clinical information. I understand that electronic communication may not be fully secure.

I Agree

I Do Not Agree

Authorization for Release of Information

I authorize the release of my protected health information as permitted by law. If my records include information protected under 42 CFR Part 2, such information will be disclosed only as authorized or permitted by law.

Patient Name:

Date:

Signature:

If not signed by patient, indicate relationship:

Parent or Guardian

Guardian of Incompetent Patient

Personal Representative

Revised January 2026 | HIPAA & 42 CFR Part 2 Compliant